District I PO Box 1986, Hobbs, NM 88241-1980

State of New Mexico

Form C-104 Revised February 10, 1994

Instructions on back Submit to Appropriate District Office

District [[ PO Drawer DD, Artesia, NM 88211-0719 OIL CONSERVATION DIVISION District III

4/12/95

1000 Rio Braz	00 Rd., Azt	ec, NM 87410	PO Box 2088 Santa Fe, NM 87504-2088									5 Copie	
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	eff. 5-1-95			16425									
401 S BOSTON AVE STE 715 TULSA, OK 74103-4043										<sup>3</sup> Reason for Filing Code			
•						MAY 0 1 1995			СН				
*API Number 30 - 0 43 - 20679 Lindrith C						Pool Nam		* Pool Code					
	roperty Cod		Lind	rith G	-Dakota, West				39189				
12016			'Property Name Jicarilla Tribal 358						* Well Number				
I. 10		Location		· IIIu j	1 358			11			11		
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" Lee Code	13 Produc	ing Method Co	de 14 Gas	Connection D	ate '	5 C-129 Permi	4 Number	14	C-129 Effective D	ate	17 C-1	129 Expiration Date	
	-10	T-									] 		
II. Oil ar	na Gas	Transport		V									
OGRID			17 Transporter Name and Address				<sup>11</sup> POD <sup>21</sup> O/G			<sup>22</sup> POD ULSTR Location and Description			
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11 Space	d Date		<sup>24</sup> Ready Dat	le		" TD			<sup>21</sup> PBTD		29	Perforations	
<sup>10</sup> Hole Size		<sup>31</sup> Casing & Tubing Size											
Liote Star			" Cı	sing & Tubin	ii Depth Set					<sup>20</sup> Sacks	Cement		
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l. Well 7	Test Da	ta											
Date New	-	<sup>™</sup> Gas Deli	very Date	very Date * Test Date			" Test Length				T		
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owledge and belief.							OIL CONSERVATION DIVISION Approved by:						
inted name:							SUPERVISOR DISTRICT #3						
THOMAS M. ATKINSON							Title:						
PRESIDENT							Approval Date: APR 2 4 1995						
le:	2/95		Phone: 918	-582-25				-					
7/1.													
7/1.	unge of oper	ator fill in the	OGRID numb	er and name	of the pre	vious operator	· · · · · · · · · · · · · · · · · · ·						
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## IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- Operator's name and address 1.
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- 3.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change gas transporter

RT Request for test allowable (Include volume requested)

If for any other reason write that reason in this box.

- The API number of this well 4
- The name of the pool for this completion 5
- The pool code for this pool 6
- The property code for this completion
- The property name (well name) for this completion 8.
- The well number for this completion 9.
- The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 10.
- The bottom hale location of this completion 11.
- Lease code from the following table: 12.

SPJ

Federal
State
Fee
Jicarilla
Navajo
Ute Mountain Ute
Other Indian Tribe

The producing method code from the following table: 13.

Flowing Pumping or other artificial lift

- MO/DA/YR that this completion was first connected to a 14. gas transporter
- The permit number from the District approved C-129 for  $\ell$  this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17. completion
- The gas or oil transporter's OGRID number 18.
- 19. Name and address of the transporter of the product
- The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 20.
- Product code from the following table: 21.

Oil Gas

- The ULSTR location of this POD if it is different from the well completion location and z mbort description of the POD (Example: "Battery A", "Jones CPD", stc.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- MO/DA/YR drilling commenced 25
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well 27.
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Inside diameter of the well bore 30
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and 32. bottom.
- Number of sacks of cement used per casing string 33.

The following test data is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced 34.
- MO/DA/YR that gas was first produced into a pipeline 35.
- 36. MO/DA/YR that the following test was completed
- Length in hours of the test 37.
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- 391 1 Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- Diameter of the choke used in the test 40.
- Barrels of oil produced during the test 41.
- Barrels of water produced during the test 42.
- MCF of gas produced during the test 43.
- Gas well calculated absolute open flow in MCF/D 44.
- The method used to test the well: 45.

F Flowing
P Pumping
S Swabbing
If other method please write it in.

- The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 46.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.