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

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised February 21, 1994 Instructions on back Submit to Appropriate District Office

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Date

District II PO Drawer DD, Artesia, NM 88211-0719

OIL CONSERVATION DIVISION

5 Copies PO Box 2088 Santa Fe, NM 87504-2088 1000 Rio Brazos Rd., Aztec, NM 87410 AMENDED REPORT District IV PO Box 2088, Santa Fe, NM 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator name and Address Louis Dreyfus Natural Gas Corp. 25773 14000 Quail Springs Parkway, Suite 600 3 Reason for Filing Code 73134 Oklahoma City, OK CG Pool Code 5 Pool Name ⁴ API Number 30-0 39-22392 72319 Blanco, Mesa Verde Well Number 1 Property Name Property Code 2 Burns Federal 5948 10 Surface Location II. East/West line County North/South Line | Feet from the Feet from the Lot.ldn Ul or lot no. Section Rio Arriba 1120 North 1525 East 7 W 26N 11 Bottom Hole Location North/South line Feet from the East/West line County Feet from the Lot Idn UL or lot no. Section Township Range 17 C-129 Expiration Date 1 C-129 Effective Date 18 C-129 Permit Number 12 Producing Method Code 14 Gas Connection Date 12 Lse Code III. Oil and Gas Transporters 22 POD ULSTR Location 20 POD 21 O/G Transporter Name and Description 19740 **OGRID** 25773 G 25773 Louis Dreyfus Nat. Gas Oklahoma City, OK 73134 Gary Williams Eng. Corp 1197410 0 008471 PO Box 159 Bloomfield, NM 87413 OIL COM. 0) IV. Produced Water 24 POD ULSTR Location and Description DISIL 3 aoq 🏗 1197450 . Well Completion Data 21 PBTD 1º Perforations 27 TD 2 Ready Date Spud Date Sacks Cement 31 Casing & Tubing Size 32 Depth Set M Hole Size VI. Well Test Data 34 Csg. Pressure 31 Thg. Pressure 37 Test Length 35 Gas Delivery Date 3 Test Date Date New Oil a Gas 45 Test Method " AOF 42 Water 4 Oil " Choke Size 4 I hereby certify that the rules of the Oil Conservation Division have been complied OIL CONSERVATION DIVISION with and that the information given above is true and complete to the best of my knowledge and belige Approved by: Signature: une simul 7) C Printed name: SUPERVISOR DISTRICT #3 Gene Simer Approval Date: Title: Production Foreman JUN 2 7 1994 Phone: (505)326-6958 " If this is a change of operator fill in the OGRID number and name of the previous operator

Printed Name

Previous Operator Signature

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 barret.

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.

- 1. Operator's name and address
- 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.

- 4. The API number of this well
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- 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.
- 11. The bottom hole location of this completion
- Lease code from the following table: 12.

Federal State

Fee Jicarilla

NU

Navajo Ute Mountain Ute Other Indian Tribe

- 13. The producing method code from the following table:

 F Flowing
 Pumping or other artificial lift
- 14. MO/DA/YR that this completion was first connected to a gas transporter
- 15. The permit number from the District approved C-129 for this completion
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this completion 17.
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- 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:
 O Oil
 G Gas
- 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", "Jones CPD",etc.) 22.
- The POD number of the atorage 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 24. (Example: "Tank",etc.)
- MO/DA/YR drilling commenced 25.
- 26 MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- 30. Inside diameter of the well bore
- Outside diameter of the casing and tubing 31.
- 32. Depth of casing and tubing. If a casing liner show top and

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