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

State of New Mexico Energy, Minerals & Natural Resources Dep

Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

District II

811 South First, Artesia, NM 88210

District III

OIL CONSERVATION DIVISION 2040 South Pacheco

1000 Rio Brazo	e Rd., Azlet	, NM 87410	Santa Fe, NM 87505								AMENDED REPOR		
District IV 2040 South Pac	hero, Santa	Fc, NM 8750	5			4 7 77		ייף ג ציי	_' ለእ፣	ANSPOR	2T		
I.	EOUES'	T FOR A	LLOWAB	ID AUTHORIZATION TO TRA				OGRID Number					
Operator name and Address Conoco Inc.											005073		
10 Desta Dr. Ste. 100W									NW	Reason for Piling Code			
l	land, T		; ;		I ****				ı	* Prod Code			
API Number				⁴ Pool Name					71599				
30 - 0 39-25547 Basin Dakot									* Wall Number				
	reperty Cede			- Tunn 26	Troperty Name Unit			131M					
016608	3			an Juan 28	5-7	OHIC							
[]. 10 S	. 10 Surface Locat		n la		Feet from	m the	North/Son	th Line F	Feet from the	East/West I			
Ul or lot se.	Section	Township	Range 07W	Lot.ldn	1150		North		1055	West	Rio Arriba		
D 34 28N										<u> </u>			
Bottom Hole Location Fort from the North/South line Feet from the East/West line										County			
UL or let me.	Section	Township		Lot Ida	Feet fro	m the	North/S	MACH TIME	100 1102 000				
		1	l _.		1	1		. l '	 * C-129 Effective) Date 1	C-129 Expiration Date		
" Lee Code	¹³ Product	ng Method C	ode "Gas	Connection Date -29-96	" (C-129 Permi	(Number		C-129 Zaletzivi				
F	F			-23-30									
		ranspor	ters			≥ POD ≥ 0/G			2 POD ULSTR Location				
" Transpot	rter	1	Transporter	dame					and Description				
OGRID	Gi	ant Re	finery			18470		0	D 34 28N 07W				
009018	' ¹ 60	01 Hwy	64			, , , , , , , , , , , , , , , , , , , ,			Please assign new POD				
Bloomfield, NM 87413													
151618 El Paso Field Services 28184								8471 G D 34 28N 07W Please assign new POD					
Destec Tower, 2500 City West													
Houston, TX 77042 Blvc													
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n page													
DEGE													
				ļ '					' DEC 1 6 1996 U				
					BUUUUNA	····				- DEO	1 0 .00		
IV Drodu	ced Wat	er								MIII (CI	ONAL DATA		
IV. Produced Water									CON DIST. 3				
	6472	D	34 28N	07W	Pleas	e assi	gn new	POD		رقا	TB) Nº 60		
	lati	on Data									W		
v. Well C		On Data	Ready Date		n TD		* PBTD		"Perforal	541	™ DIIC, DC,MC		
5ped 9-29-96	Dare		-26-96	718	5'	_ i	7183'		6896'-71		™ Sacks Cement		
* Hole Size			22 Casing & Tubing Size			283 283			150				
12-1/4"			9 - 5/8"			2957'			400				
8-	3/4" 1/4"		4-1/2"			7185'					620		
6-		2-3/	8" TBG		7072'								
// W-11.7	Foot Dat										# Con Prompt		
V]. WCII I ™ Date No	rest Dat	× Gm De	divery Date	" Test	Date	- 1	Test Leng		" Thg. Pro		" Cag. Pressure 40		
11-28-96			-28-96	11-29-96		24 hrs.			! 50 ! ⁴∧⊙ !	, i	" Test Method		
" Choke	4		ON Wate			4 G≥ 1000			F		F		
open 0			' i										
" hereby certify	that the rule	of the Oil C	onscryation Div	ision have been co	omplied nv		OII	CO	NSERVATI	ON DIV	ISION		
with and that the knowledge and be	with and that the information given above is true and construct to												
Signature: 1 / M. Demonder						Approved by:							
VINO W. JOST TO							Title: SUPERVISOR DISTRICT #3						
Printed name: Debra Bemenderfer							Approval Date:						
Tide: Agent for Conoco Inc.							IAN - 2 1997						
Date: 12/3/96 Phone: 915-686-5424 AN = 4 1594 "If this is a change of operator fill in the OGRID number and name of the previous operator													
" Chia ia chi	nge of open	tor (III in the	OGRID num	ber and name of	the previo	us operator	7						
										Title	Date		
Previous Operator Signature Printed Name											<u>.</u>		

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.

AO CO AG CG RT

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator (Include the effective date.)

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gase transporter

CG Change gas transporter

RT Request for test allowable (Include volume requested)

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

1000

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 7.
- 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 hole location of this completion 11.
- se code from the following table:

Federal State

Fee Jicarilla

NU

- Navajo Ute Mountain Ute Other Indian Tribe The producing method code from the following table: F Flowing P Pumping or other artificial lift 13.
- MO/DA/YR that this completion was first connected to a 14. gas transported
- The permit number from the District approved C-129 for 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.
- The gas or oil transporter's OGRID number 18.
- 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 OR
 G Gse 21.
- 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 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 Yenk", "Jones CPD Water 24. (Example: Tank ",etc.)
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well

- Inside diameter of the well bore 31.
- Outside diameter of the ceeing and tubing 32.
- Depth of casing and tubing. If a casing liner show top a 33.
- 34. Number of sacks of cement used per casing string

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

- MO/DA/YR that new oil was first produced 35.
- MO/DA/YR that gas was first produced into a pipeline 36.
- **37**. MO/DA/YR that the following test was completed
- 38. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- Barrels of oil produced during the test 42.
- Barrels of water produced during the test 43.
- 44. MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D 45.
- The method used to test the well:

 F Flowing
 P Pumping
 S Swabbing
 If other method please write it in. 46.
- The signature, printed name, and title of the perso authorized to make this report, the date this report wa signed, and the telephone number to call for question about this report 47.
- 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 long operates this completion, and the date this report we signed by that person 48.