District I PO Box 1980, Hobbs, NM 88241-1980 District II 811 South First, Artesia, NM 88210

State of New Mexico
Energy, Minerals & Natural Resources Department

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

OIL CONSERVATION DIVISION

- District III 1000 Rio Brazo: District IV		40 South Pacheco nta Fe, NM 87505						Тамі	5 Copies ENDED REPORT				
2040 South Paci				LOWARI	EAN	ID AT	THOE	217AT	του το	∟ יפת a n°	_		
		LQULS	Operator nau	JE AIN	ND AUTHORIZATION TO TE				¹ OGRID Number				
Amoco Production Company									000778				
P.O. Box 800 Denver, CO 82001											3 Reason for Filing Code		
Denvei	r, CO	82001							F	RC .			
⁴ API Number 5							e			• Pool Code			
30 - 0 4525017				erde	erde			1	72319				
⁷ Property Code			¹ Property				erty Name				' Well Number		
000980]						9				
		Location Township				 	,						
Ul or lot no.	Ul or lot no. Section		p Runge Lot.ldn		Feet from the		North/South Line		Feet from the	East/W	est line	County	
L 11 1	17	28N	8W	l	1730		Sout	:h	1050	West	<u>: </u>	San Juan	
UL or let no.		Hole Loc		Lat Ida	Feet from		Nt. ad 16		1 10 1 6 11	F .00		1	
OL or let no.	Or, or lot no. Section		Range	Lot Ida	reet from	n the North/South lin		outh line	Fect from the	East/We	est line	County	
12 I.se Code	13 Produci	³ Producing Method Code		12 C-	129 Permit Number			C-129 Effective Date		17 C-	129 Expiration Date		
II. Oil and Gas Transporters Transporter Transporter Name								²¹ O/G	22 POD ULSTR Location				
OGRID			and Address			¹⁴ POD ¹¹ O/G			and Description				
9018			ining Cor	mpany	1	764	10	0					
COCCOCOCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC			Box 12999 Male, Arizona 85267			46410 0							
													
07057 El Paso Natural GΛs P.O. Box 1492					7	164	<i>3 0</i>	G			*		
	E1	Paso, 1	Texas 79	9978									
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										<u> </u>	<u> </u>	WEA	
										JUN JUN	18	1996	
	uced Wa	ater						************		200 (300		
	1950 1950				24	POD UI	STR Locs	tion and f	Description		9000 1000	10 10 11 V/o	
V. Well		ion Data									• •		
15 Spud Date			* Ready Date		'TD		" PBTD		2* Perfo	rations	,	DIIC, DC,MC	
10/27/81		1	3-96	_, <u>, , , , , , , , , , , , , , , , , , ,</u>	628'		6530'		3736'-4	552'	<u> </u>	DHC '	
31 Hole Size			32 Casing & Tubing Size			33 Depth Set						Cement	
12 1/4" 9 5/8"						30	08.6'		275 sys B+2% CACL2&1/44 sys flocele				
8 3/4"			7''			2760'				300sxs econolite&150sxs B+2CACL2			
6 1/4"			4 1/2/"			6628'				310sxs lodense&150sxs (
tubing 2 3/8"						6537 '							
	Test Da	ata							1			•	
38 Dute N	lew Oil	30 Gas Delivery Date		37 Test Date			³⁴ Test Length		" Tbg. 1	Pressure	" Csg. Pressure		
				5/30/96			12hrs		none	2	95#		
4 Choke Size			l l		Water bb1s		" Gas 1600mcf		45 AOF		** Test Method F		
				vision have been of dete to the best of		 		II. (20)	NICEDALL	1011	11.77	ION	
knowledge and		i given above	is true and comp	ofere to the best of	my	<u>.</u>	U	IL CO.	NSERVAT	TON D	01 V 1S	ION	
Signature: La Schuleto							Approved by: ORIGINAL SIGNED BY ERNIE BUSCH						
Printed name: Pat Archuleta							Title: DEPUTY OIL & GAS INSPECTOR, DIST. #3						
Title: Clerk						10.							
Date: 6/17/96 Phone: (303) 830-5217								JUN	2 6 19	70			
		erutar fill id		03) 830–5. iber and name of			4						
as 11115 15 & C	nauge or obe	cracor sul In U	ne OVKID BUB	mer and hame of	the previ	ous opera	LOP			,			
_	Previous (Operator Sign	alure			Printe	d Name		·	Tit	le	Date	
)	

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.

- 1. Operator's name and address
- 2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
- 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 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. 3.
- 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
- The well number for this completion 9.
- 10. 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.
- 11. The bottom hole location of this completion
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla 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 transporter
- The permit number from the District approved C-129 for this completion 15.
- 16 MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 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 21. Oil 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 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.
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore. 30.

- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and bottom.
- 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 test conducted only after the total volume of load oil is recovered.

- 35. MO/DA/YR that new oil was first produced
- 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
- 40. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- Diameter of the choke used in the test 41.
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- 44. MCF of gas produced during the test
- 45 Gas well calculated absolute open flow in MCF/D
- 46. 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 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 longer operates this completion, and the date this report was signed by that person 48.