District I PO Box 1980, Tabbs, NM 88241-1980 District II

State of New Mexico
Energy, Minerals & Natural Resources Department

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

PO Denwer DD, Artesia, NM 88211-0719 District III

OIL CONSERVATION DIVISION

District III 1000 Rio Brazos	Rd Artec	NM 87410	OIL	I	PO Box 2	2088 27504-2088	1011				5 Copies	
District IV	•			Sama 1	'C, INIVI O	7707-2000				AME	NDED REPORT	
IO Box 2088, S I.	anta Fe, NM RI	87504-2088 EQUEST	FOR ALI	LOWAB	LE AND	AUTHOR	IZAT.	ION TO TR	ANSPO	ORT		
	1,	Operator name	, , , , , , , , , , , , , , , , , , ,		1 OGRID Number							
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	. O. Box enver, C		102	Recompletion				Cont				
					f 10	ol Name				• 1	'vol Code	
30 - 045	25567		MES	AVERDE	10	of Manie			72319			
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III. Oil a	ind Gas	Transport	ers									
Transporter OGRID		19	17 Transporter Name and Address			n bob n o/e			" POD ULSTR Location and Description			
		l Paso N				5630						
P. O.		. O. Box	Box 4990) () ()						
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IV. Proc	luced W	olor	(BASE	II. B				&	M. M.	<u>.u '</u>	-15 11	
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13 Spud Date			" Ready Date		(995			6750		"Perforations 4120'-4832		
2/10/83		<u> </u>	11/10/94				11 Depth			²¹ Sucks Cement		
		E	31 Casing & Tubing Size			248'			265 CF CL-B			
12 ⁻ 1/4" 8 3/4"			9 5/8" 7"			3000'			373 Cu Ft			
0 3/4								3/3 Cu FC				
			2 3/8"			4800'			20.7			
VI. Wel	l Test D	ala		<u>T / S</u>		1 67	12_					
			as Delivery Date 24 Test Date			¹¹ Test	Length	" Tbg.	H Thg. Pressure P Cag. Pressure		11 Cag. Pressure	
			11/1		0 /94	24					360 PSI	
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1/4	1/4" 4" I hereby certify that the rules of the		0 75			530 MCFD						
* I hereby ce with and that	rtify that the the informati	rules of the Oil on given above	Conservation Di is true and comp	ivision have be plete to the be	cen complied st of my	(OIL C	ONSERVAT	TION D	IVIS	SION	
knowledge ar	knowledge and hellef						Approved by:					
Signature San Faceburn						SUPERVISOR DISTRICT #3						
Printed manne: LOIS Raeburn TuRusiness Assistant												
						Approvat Date: MAY 2 4 1995						
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" II this is	n thange of c	iperutor fill in t	the OGRID noi	mber Aug Da)	me or the pres	arus opermur						
 	Previous	Operator Sign	ıulure			Printed Name	:		Tie	le	Dule	

New Mexico Oil Conservation Division C-104 Instructions

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 despensed 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.
- 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

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

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

 - Jicarilla
 - N
 - Navejo Ute Mountain Ute Other Indian Tribe
- 13 The producing method code from the following table:
 Fowing
 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 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
- 18 The gas or oil transporter's OGRID number
- 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:

 O Oil
 G Gas 21.

- 22. 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.)
- 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.
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and
- Number of sacks of cement used per casing string

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.

- 34. MO/DA/YR that new oil was first produced
- 35 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.
- 39, 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
- 45. 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.