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

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised October 18, 1994 Instructions on back

District II

811 South First, Artesia, NM 88210

811 South First, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV			C	204	10 South	ION DIVIS Pacheco M 87505	ION	Instructions on back Submit to Appropriate District Office 5 Copie			
2040 South Pac I.			FOR A) ፤ ፖ ል ጥ	IONI TO T		MENDED REPORT	
			Operator na	une and Addres	s	ND AUTHORIZATION TO TRANSPORT OGRID Number					
CROSS TIMBERS OPERATING COMPANY 6001 Highway 64							i	167067			
		NM 874						3 Reason for Filing Code			
⁴ API Number						ool Name		Change of Operator 12/1/97			
30 - 0 4528786				BasinF	ruitland				71629	71629	
73/71				Bolack		perty Name		' Well Number			
II. 10 Surface Location			n			·					
Ul or lot no.			Runge Lot.Idn		Feet from		North/South Line		East/West line	County	
G 11 1	2 Pottom	27N Hole Loca	11W		1760	N		1375	E	SJ	
UL or lot 20.	Section	Township	Range	Lot Idn	Feet from	the North/S	outh line	Feet from the	l n .av .a	T	
								Lett Hom 175	East/West line	County	
¹² Lse Code N			le "Gas	Connection Dat	le 15 C-1	29 Permit Number	'	C-129 Effective 1	Date 17 C	-129 Expiration Date	
II. Oil a	nd Gas '	Transporte	erc								
"Transpor			ransporter !			20 POD	21 O/G	21	POD ULSTR L	Acation	
OCKID			and Address					and Description			
erron e											
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V. Produ	iced Wa	ter							FEB 2	4 1398	
	OD				24]	POD ULSTR Locati	ion and D	escription 0	ROD B	lo DIVo	
/ Well (DIST.		
/. Well Completion Data ** Spud Date ** Re		Ready Date 77 TD			n PBTD P			Perforations * DHC, DC,MC			
									2º Perforations		
31 Hole Size			32 Casing & Tubing Size			n	Depth Sct	³ Sacks Cement			
											
			····	 							
											
I. Well		ta									
M Date Ne	₩ Oil	36 Gas Deli	very Date	37 Test	Date	* Test Len	glb	" Tbg. Pre	zzn1.6	" Csg. Pressure:	
41 Choke Size		4º Oil		o w				4 AOF			
				,	⁴⁰ Water		4 Gas			* Test Method	
I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information, given above is true and complete to the best of my											
isowicage and belief						OIL CONSERVATION DIVISION					
rined name:						Approved by: Frank T. Chavez					
îtle:		0. Venne				Supervisor District #3					
\	Sr. Vice Pres: 12/1/97		Dt			Approval Date:					
12/1 " If this is a ch		stor fill in the	()(5 Operator						
		edder	sm) (Gail Jei	ferson	Sr.	Adm, Staf	f Asst.	12/1/97	
Jul	Herious O	Cratur Signatu	re ·			Printed Name			Title	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.

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

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 (Include the effective date.)

Add oil/condensate transporter
CO Change oil/condensate transporter
AG Add gas transporter
CGC 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: 10. 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
- 12. Lease code from the following table:
 F Federal
 S State

 - Fee Jicarilla
 - Navajo Ute Mountain Ute Other Indian Tribe
- 13. The producing method code from the following table:
 Flowing
 Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a gas transporter 14.
- 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.
- 17. MO/DA/YR of the expiration of C-129 approval for this 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
- 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
- 24. 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.)
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 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.

- 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 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.
- MO/DA/YR that the following test was completed 37.
- 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
- 41. Diameter of the choke used in the test
- 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: Flowing Pumping Swabbin If other method please write it in.
- 47. 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
- 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.