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

Previous Operator Signature

State of New Mexico

Form C-104

PO Box 1980, I District II	Hobbs, NM	88241-1980		Energy, Minerals & Natural Resources Department						Revised October 18, 199						
811 South First	. Artesia, N	IN1 88210		OIL CONSERVAT				ION DIVISION				Instructions on bac Submit to Appropriate District Offic				
District III	D.J. 44	- N'N 1 07410	-	2040 South Pacheco						10 11	delet of	me D	5 Copie			
1000 Rio Brazo District IV	s Ka., Aze	c, NM 8/410		Sant	a Fe, I	NM 87.	505			г	٦	CNIDE	D REPOR			
2040 South Pac				• • • • • • •						l			D KEPOK			
I.	<u>F</u>	REQUES	1 FOR A	LLOWAB	LE A	ND AU	THOI	RIZAT	ION TO TI							
		Δmc	-	000				¹ OGRID Number								
Amoco Production Company P.O. Box 800											000778					
			ver, ÇO						eason for Filing Code							
			· · · · · · · · · · · · · · · · · · ·							NW						
30 - 045-	A'l Number		n 1 -	5 Pool Name						* Pool Code						
l	29245 operty Cod		Blanco	Blanco Mesaverde					· · · · · · · · · · · · · · · · · · ·	72319						
1	•	°	C -1	'Property Name Schwerdtfeger A LS						* Well Number						
103		7		atreger A	A L5						1	L5A 				
II. 10 (Section	Location	Runge	الماليانيا	East fam.	. 11	N 41.65		r i	1		+				
						n tac			Feet from the	Enst/West line			County			
C 21		27N 8W Hole Location		Li	915		North		1170	West		San	Juan			
UL or lot no.	Section	Township		~												
200	occuon	Township	Kange	1,01 IGH	Feet from the		North/South line		Feet from the	East/West line		County				
11 Lie Code	13 Produc	ing Method C	ade 14 Car	Connection Date	15.0	-129 Permi	. N		() 100 to 0		1					
F			01,	Connection Date		129 rerun	a ratinet		C-129 Effective	Date	/ 'C-	129 Exp	oiration Date			
III. Oil ai	nd Gas	Transpor									<u> </u>					
"Transpor				Transporter Name			D	" O/G	¹¹ POD ULSTR Location							
OCRID		and Address							and Description							
		Vatural Gas			8/60	31	G									
P.O. Box			3, 14 8, 50-100			· .										
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" I	עסי				3	POD ULSTR Location and Description										
28	1605	<u> </u>									DIS	T. E	}			
		ion Data														
Spud	Date	^{Je} Ready I		į.			" PBTD		1º Perforations		" DHC, DC,MC					
6/1/95		9/18/95			4808 '		4800'		4596-4769							
·	" Hole Size		" C	32 Casing & Tubing Size			33	Depth Set			³⁴ Suck	o Cemer	nt			
12.25"			8	8.625"				60'		100 sx Class B						
7.875"			5	5.5"				2633'		400 sx Class B						
	4.750	1	2	2.875"				4808'		130 s:	30 sx Class B					
			1	1.25" tubing				47441								
VI. Well	Test Da	ıta	1	•25 66	DING			4/44								
35 Date No			clivery Date	very Date "Test 9/15/9			" Test Length 24 hrs		3º Tbg. Pressure		4 Csg. Pressure					
						i					68					
41 Choke	Size	⁴¹ Oil		Water .			4 Gas		" AOF		* Test Method					
32/64		0		0		5	540		F							
" I hereby certif	y that the ru	les of the Oil	Conservation Di	vision have been	complied			- -					 1			
knowledge and b	elief.	given above i	s true and comp	olete to the best of	Imy	OIL CONSERVATION DIVISION										
Signature: Patty Haelolo.							Approved by: 37, 4									
Printed name:	Patty	Haefele	Just	Title: SUPERVISOR DISTRICT #3												
Title:				Approval Date:												
Staff Assistant Date: 9/21/95 Phone: (303) 830-4988							SEP 2 9 1995									
"If this is a change of operator fill in the OGRID number and name of the previ																
AT THE 13 & CD	wage or ope	THEOF BILL IN 11	ic UGRII) nun	iber and name of	I the nead	Alle Angent			·· -							

Printed Name

Title

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
- 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
- The name of the pool for this completion 5.
- 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
- 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
 P Fee
 J Jicarilla
 N Navajo
 U Ute Mountain Ute
 I Other Indian Tribe 12
- 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 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 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 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 Tank", "Jones CPD Water Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- Plugback vertical depth 28.
- 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.
- 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
- 36. MO/DA/YR that gas was first produced into a pipeline
- 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
- 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
- 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 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.