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

State of New Mexico Energy, Minerals & Natural Resources Department

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

pies

811 South First, Artesia, NM 88210 District III			OIL CONSERVATION DIVISION 2040 South Pacheco					NC	Submit to Appropriate District Office 5 Copies				
1000 Rio Brazos Rd., Aztec. NM 87410 District IV			Santa Fe, NM 87505						☐ AMENDED REPORT				
2040 South I'nc I				LLOWAD	I E. A.N.	ir ai	ITUODI	~ . ~	iou mo n	ــا	_		
<u></u>		KEQUES	Operator na	LLOWAB	LE AN	ID AL	THORI	ZAT	ION TO T				
Amoco Production Company									OGRID Number				
P.O. Box 800 Denver, CO 80201									 	3 Reason for Filing Code			
		Den	ver, Çu	80201						NW	•		
* All Number						Pool Nam			L	' Poul Code			
30 - 0 45-29336			Basin F	ruitland	Coal					71629			
⁷ Property Code					' Pro	roperty Name				' Well Number			
	325			e Gas Com	L				1			1	
		Location						******					
Ul or lot no.	Section	Township	Runge	løt.idn	Feet from	the	North/Sout	h Line	Feet from the	East/W	est line	County	
N ii r	20	28N	- 8W	<u> </u>	1190		South		1450	West		San Juan	
UL or lot no. Section							T		· · · · · · · · · · · · · · · · · · ·				
OL or lot no. Section		Township Range		Lot Idn	Feet from the		North/South line		Feet from the	East/W	est line	County	
11 Lac Code	13 Produc	ing Method Co	ula !! Caa	Connection Date	T 15 0			<u></u>		,			
F		ang member et	, Gas	Gas Connection Date		129 Permi	it Number		C-129 Effective	Date	" C-1:	C-129 Expiration Date	
	nd Gas	Transpor	lers		٠			L		l			
il Transpor			Transporter N	Name		" POI	5 1 7	" O/G		N NOD III	C133 I		
OGRID		■nd Address				100			²¹ POD ULSTR Location and Description				
9018		lant Refi		•	281	723	8	0					
		0. Box 1 cottsdale		5267									
007057		l Paso Na			0 0 1	7 7 7	0	G					
007037	Ρ.	0. Box 4	990		2 8 1	1	7	G					
	Fa	rmingtor	, NM 8	7499-4990									
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	724	0 =			μ	rod ur	STR Location	and D	escription	OUL	i GO	MINO DITA	
			·				··	·			<u> </u>	N. 3	
/. Well Completi			P Ready Date		"10		" PBTD		" Perforations		T # 1910 10 10		
12/31/95		1/29/96		2262'			2204'		1931-2077'		" DHC, DC,MC		
31 Hole Size		 		ning & Tubing Size		2204 Depth Set				²⁴ Sacks Cement			
8.75"			7.000"			255							
6.25"			4.500"			2251							
•						2231			160 SX Class B			SS B	
no tubing													
I. Well	Tost De	10				<u></u>			<u>_</u>				
Dute Ne			livery Data	37 -9- , -	l\t -	 	n or		<u> </u>		-,		
		34 Gas Delivery Date		1	" Test Date		" Test Length		34 Thg. Pressure		" Csg. Pressure		
4 Choke	Size	41 Oil			1/30/96 Water		18 hrs				130		
16/64	-	0					44 Gas		4 AUF		" Test Method		
I hereby certify	y that the ru	les of the Oil C	onservation Di	O vision have been c	omplied I	<u></u>	210				1	F	
vith and that the nowledge and b	information	given above is	true and comp	lete to the best of	my		OIL	COi	SERVAT	ION D	IVISIO	NC NC	
ignature:	On H	- and	0.0			Approved by:							
rinted name:							778						
Patty-Maefele .							SUPERVISOR DISTRICT #3						
Staff Assistant							Approval Date:						
Date: 2/8/96 Phone: (303) 830-4988 If this is a change of operator fill in the OGRID number and name of the prev							APR 1 1 1996						
" II this is a ch	nuge of ape	retor fill in the	· OGRID num	ber and name of	the previou	us operate	or	•	:				
	Previous C	perator Signat	ure			Printed	N		 				
			- "			i rinted	14 mile			Title	2	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
- 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.)

Ad 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.

- 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
- B. The property name (well name) for this completion
- 9. The well number for this completion
- 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 12.

rederal
State
Fee
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.
- 14. MO/DA/YR that this completion was first connected to a
- 15.
- The permit number from the District approved C-129 for this completion
- 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
- 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 24. (Example: Tank",etc.)
- 25 MO/DA/YR drilling commenced
- 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.

- 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
- 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
- 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
- 46. The method used to test the well:

Flowing Pumping Swabbin

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.