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

District il

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

811 South First, District III	, Artesia, NN	1 88210	OIL CONSERVATION DIVISION						Submit to Appropriate District Office				
1000 Rio Brazos	Rd., Aztec.	NM 87410	2040 South Pacheco Santa Fe, NM 87505						5 Copies				
District IV 2040 South Pacheco, Suntu Fc, NM 87505 The state of the													
I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator name and Address Operator name and Address Operator name and Address													
Amoco Production Company									000778				
P. O. Box 800 Denver, Colorado ,80201										3 Reason for Filing Code			
		, 00101							RC - Recompletion				
4 API Number 30 - 0 4523888				ool Name			82		• 8232'	* Pool Code 2329			
¹ Property Code			' Property Name Lackey B LS						* Well Number				
000					13M								
II. 10 S					Feet from th	m the North/South Line			Feet from the	East/Wo	est line	County	
С	20	28N	9W	С	1025		North		1655	Wes		San Juan	
11]	11 Bottom I		ation										
UL or lot no.	UL or lot no. Section To		Range	Lot Idn	Feet from the		North/South line		Feet from the	East/Wo	est line	County	
12 Lse Code	13 Producin	ng Method Co	ode "Gas C	Connection Date	15 C-12	129 Permit Number			C-129 Effective	Date	'' C-	129 Expiration Date	
F		•									-		
III. Oil and Gas Transporters													
" Transpoi OGRID		14	Transporter N and Address	24 POD 21 O			" O/G	²² POD ULSTR Location and Description					
07057	i	Paso					30	G		·	•	-	
	88888888888		Box 1492 So, Texas										
014538 Meridian Oil Inc. /63510 0													
P. O. Box 4289 Farmington, New Mexico													
PEGEIVEN													
AUG 2 1 1995 DECENT											IWEIN		
											2 4005		
IV. Produced Water CONO DIVI													
1	POD 3550			Dudil. 3	} ***	SOD UL	STR Locati	on and D	Oescription (0	M (l. DIVa	
		ion Data		The second secon							1	-	
25 Spud Date		2º Ready Date		27 TD		" PBTD		25 Perforations			" DHC, DC,MC		
3-12-80		8	-3-9 <u>5</u>	4703 using & Tubing Size		6689'			3005-3	145'	<u> </u>	DHC.	
13-3/4			9-5/8 ¹¹			228 7				190 cu ft. > x			
	& 7 7/8	8 ¹¹	4-1/2"			6703'					80 cu-ft. 5 x		
			2-3/8"			6560'				····			
	Test Da			,		· · · · · ·					· · · · · · · · · · · · · · · · · · ·		
35 Date New Oil		3 Gas Delivery Date		" Test Date 8/3/95			" Test Length 10 hrs		Tbg. Pressure			4 Csg. Pressure	
4 Choke Size		42 Oil		Water		061	44 Gas		4 AOF		-	* Test Method	
		0	0				1 mcf				<u>. l</u>	Flowing	
with and that th	he information			ivision have been plete to the best o			OI	L CO	NSERVAT	ION E	OIVIS	ION	
knowledge and Signature:	n L	.14	, Old	Ho	m 1	Αρρτονε	d by:		37.	8			
Printed name:	. Jeffe	reen f	Title: SUPERVISOR DISTRICT #3										
Title: S	Gail M r. Admi	n. Staf	 -		Approval Date: ALIC 1.7.1005								
Date: 8/9/95 Phone: (303) 830-6157							AUG 1 7 1995						
44 If this is a change of operator fill in the OGRID number and name of the previous operator													
 	Prania	Operator Sign	nuftire.			Print	d Name		· · · · · · · · · · · · · · · · · · ·	Ti	1le	Date	
	* 1 CAIOUS (Speciator Sign	i=ture ,				.s ivaliic			11		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.
- 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
- 9. The well number for this completion
- 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. If the 10.
- 11. The bottom hole location of this completion
- 12
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla
 N Navajo
 U Ute Mountain Ute
 I 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 gas transporter
- 15. The permit number from the District approved C-129 for this completion
- 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.
- 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.)
- 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
- 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.

- Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- 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.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 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.