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

District II 811 South First, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

District IV											AMENDED REPORT	
2040 South Pac				LLOWA	BLE AN	ID AU	THOR	IZATI	ON TO TR	ANSPO) RT	
<u> </u>		- Total	Operator nan			110	111010		01. 10 11.	² OGRID		
COLT RESOURCES CORPORATION									167526			
550 NORTH 31 STREET, STE. 300 P.O. BOX 7167									³ Reason for Filing Code			
BILLINGS, MT 59103								RC				
4 A	12.4 F			Pool Nam	1001 6000							
30 - 0 45-0939 69.30 9 DE FRUITLAND COAL										7/629		
							operty Name			' Well Number		
	23361		D. M	IILLER #	<i>a</i> r						#1	
II. 10 Surface Location Ul or lot no. Section Township Range Lot.Idn Feet from						the	the North/South Line Feet from the			East/West line County		
M 21 30N		•	13W			790		utii Luite	790	W	t line County SanJuan	
	l	Hole Loc			790		<u> </u>			₩	Januan	
UL or lot no.					Feet from	Feet from the		outh line	Feet from the	East/West	t line County	
12 Lse Code	13 Producii	ng Method Co	de 14 Gas (Connection D	ate 15 C	-129 Perm	it Number	16	C-129 Effective I	Date	¹⁷ C-129 Expiration Date	
S	P				<u> </u>	lone						
III. Oil a				 		30			· · · · · · · · · · · · · · · · · · ·			
Transpo OGRID	15/6/0		¹⁹ Transporter Name and Address			24 POD 21 O/G			22 POD ULSTR Location and Description			
007057			NATURAL S ST., F		102 2	823	432	6				
			TX 799		1432				اھا	E ME		
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IV Dund	was Wa	A =										
IV. Prod	POD	lier				H DOD III	STR Locat	ion ond D				
	2343	3				rob or	SIK LOCAL	ion and D	естриоп			
V. Well	Complet	ion Data										
- I ' I					27 TD	^{2*} РВТD 6028' КВ			2º Perforations 1166-1250 °		36 DHC, DC,MC	
8/17/64		5/2		6063' KB							N/A	
31 Hole Size				² Casing & Tubing Size			33 Depth Set				34 Sacks Cement	
12-1/4"			8-5/8"				58' KE		250 sxs 1500 sxs			
7-7/8"			4-1/2"			00	6063' KB			1300 372		
			<u></u>	23/8			17	00		· · · · · · · · · · · · · · · · · · ·		
VI. Well	Test Da	to	<u> </u>	·								
V1. WEII			elivery Date	37 T	est Date		38 Test Ler	ngth	39 Tho D.	ecure	4 Can D	
				Jan Date		1 to Len		-6·11	³⁹ Tbg. Pressure		** Csg. Pressure	
41 Choke Size		⁴² Oil		43 Water		44 Gas			" AO	F	" Test Method	
											P	
⁴⁷ I hereby certi with and that th knowledge and	e information	es of the Oil C given above is	Conservation Di true and comp	vision have be lete to the bes	een complied at of my		OI	L COI	NSERVATI	ON DI	VISION	
Signature: Duane Zimmerman Approved by:												
							Title: CURENUCOR DISTRICT # 3					
							SUPERVISOR DISTRICT # 3 Approval Date: MAY 2 8 1999					
Date:	5/24/9		<u>-</u>	16) 247	298-				IN I W U !			
48 If this is a c			e OGRID nun	pber and nan	e of the pre-	rious one	ator					
			7	06-74	y 222	22 /	aue.	mes.	soge			
-	Previous O	perator Signa	ture	·		Printe	ed Name			Title	Date	

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 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.)

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.

- The API number of this well
- 5. The name of the pool for this completion
- The pool code for this pool
- 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. 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

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 14.

- 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
- 17. MO/DA/YR of the expiration of C-129 approval for this
- 18. The gas or oil transporter's OGRID number
- 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.
- 21. Product code from the following table:

- 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.
- 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. 30.

- 31. Inside diarneter of the well bore
- 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
- 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:

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 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.