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

State of New Mexico

Engery, Minerals and 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

AMENDED REPORT

12/01/97

Date

Senior Administrative Staff Assistant

District II 811 South First, Artesia, NM 88210

District III 1000 RioBrazos Rd., Aztec, NM 87410

1/	EQUEST 1	FOR A	LLOWAE	BLE A	ND A	UTHORIZA	ATION TO	TRANS	PORT		
REQUEST FOR ALLOWABLE AND AUTHORIZAT Operator name and Address								² OGRID Number			
CROSS TIMBERS OPERATING COMPANY								167067			
6001 Highway 64									Reason for Filing Code 1/1/98 nge of Operator 12/1/97		
Farmington, NM 87401						Pool Name			⁶ Pool Code		
30-045-13115 BASIN DAKO					TA				71599		
⁷ Property Code		⁸ Property Name						9 Well Number			
23068			BRUIN	NGTON	LS				4		
10 Surface Lo	cation										
Il or lot no. Section	Township			Feet fro			e Feet from th	ne East/W	est line	County SJ	
К 06	30N	11W	<u> </u>	220		S	1650				
11 Bottom Ho	ole Location	n							- ::-		
L or lot no. Section	Township	Range	Lot.Idn	Feet fro	m the	North/South Lin	e Feet from the	he East/W	est line	County	
² Lse Code 13 Producir	ng Method Code	14 Gas	s Connection I	Date 1	⁵ C-129	Permit Number	¹⁶ C-129 Effe	ective Date	17 C-1	29 Expiration Date	
Р		<u> </u>							<u> </u>		
II. Oil and Gas T	ransporter	S									
Transporter 19 Transporter Name OGRID and Address					2	° POD	21 O/G	O/G POD ULSTR Location and Description			
											
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										natura andre della dia dell'Anno 175 con	
								<u> </u>	EC		
								W.		2 / 1000	
								<u></u>	FEB	2 4 1998	
V. Produced Wa	iter								በ	M. DIV	
²³ POD					24	POD ULSTR Loca	tion and Descrip	tion Ou		M. 3	
V. Well Comple	tion Data								الاف	500 S	
25 Spud Date	26 Ready Da	te	²⁷ TD			²⁸ PBTD	29	Perforation		DHC,DC,MC	
31 Hole Size		32 Casing and Tubing Size			33 Depth Set		Set	34 Sacl		ks Cement	
VI. Well Test Da					_1			1			
35 Date New Oil 36 Gas Delivery		ry Date	y Date 37 Test Date		38 Test Length		39 T	³⁹ Tbg. Pressure		40 Csg. Pressure	
35 Date New Oil											
35 Date New Oil			43 Wa	ater		44 Gas		45 AOF		46 Test Method	
35 Date New Oil 41 Choke Size	⁴² Oil						1				
41 Choke Size 42 Thereby certify that the ru	les of the Oil Conse	rvation Divis	sion have been c	omplied		OFF	CONCERT	/ A TTON	DIVIE	IO	
⁴¹ Choke Size	les of the Oil Conse	e and comple	ete tothe best of	omplied my		•	CONSER		DIVIS	IO	
41 Choke Size 47 I hereby certify that the ru with and that the informatic knowledge and belief. Signature:	les of the Oil Conse on given above is true	e and comple	ete tothe best of	omplied my		Approved by:	Frank T. Chav	ez	DIVIS	IO	
41 Choke Size 47 I hereby certify that the ru with and that the informatic knowledge and belief. Signature: Printed Name: Vaught	les of the Oil Conse	rg, II	ete tothe best of	omplied my	Т	Approved by:		ez	DIVIS	IO	

Gail Jefferson Printed Name

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.
- 3.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator (Include the effective date.)

AD 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) 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: 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.
- The bottom hole location of this completion 11.
- Lease code from the following table:
 F Federal
 S State 12.

Fee Jicarilla

NU

Navajo Ute Mountain Ute Other Indian Tribe

- The producing method code from the following table: 13. Flowing 48 Pumping or other artificial lift
- 14. MO/DA/YR that this completion was first connected to a gen transporter.
- The permit number from the District approved C-129 for this completion 15
- 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
- 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
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- 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
- Outside diameter of the casing and tubing 32.
- Depth of casing and tubing. If a casing liner show top and 33.
- 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.
- Length in hours of the test 38.
- 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.