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

811 South First, Artesia, NM 88210

Form C-104

State of New Mexico Energy, Minerals & Natural Resources Department

/	Revised October 18, 1994
/	Instructions on back
Submit to	Appropriate District Office
	5 Copies

District III 1000 Rio Brazo District IV	os Rd., Azte	r, NM 87410	U	204 Sant	0 Sou	th Pach NM 87	eco	ION	Subr	nit to A _l	_	iate District Offic 5 Copie	
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Amoco Production Company P. O. Box 800 Denver, Colorado 80201						u Ch			000778				
									Name Change from Yeager Com 1E to Bruington LS #3A				
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⁷ Property Code						Property Na			* Well Number			-0.N1	
00034			Bruington LS						3A				
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UL or lot no.	Section	Township	Range	Lot Idn	Feet fre	rom the North/South line		Feet from the	East/We	st line	County		
12 Lise Code	13 Produci	ng Method Cod	e 14 Gas C	onnection Date	15	C-129 Perm	it Number	,	* C-129 Effective I	Pate	" C-1	29 Expiration Date	
		Transporte											
Transpòr OGRID	"Transporter OGRID			* Transporter Name and Address			21 POD 21 O/G			22 POD ULSTR Location and Description			
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31 Hole Siz		32 Casing & Tubing Size				33 Depth Set			³⁴ Sacks Cement			Cement	
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I. Well 7	rest Dat				·								
35 Dute Ne	w Oil	30 Gas Deliv	Delivery Date 37 Test Date		Date	31 Test Length		3º Tbg. Pressure		49	Csg. Pressure		
41 Chuke	41 Choke Size 42		il ⁴ Water			44 Gas		45 AOF		4.	Test Method		
I hereby certify ith and that the nowledge and be	information g	es of the Oil Con given above is to	servation Divisue and complete	ion have been c e to the best of	omplied my		OIL	CON	ISERVATIO	'IO NC	VISIC	ON	
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Business Assistant						Approval Date: MAR 1 5 1995							
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	Previous Op	erator Signatur	e			Printed	Name			Title	 -	Dute	

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.

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

 - S

 - Federal
 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.
- MO/DA/YR that this completion was first connected to a 14. gas 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
- 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.) 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.
- 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. well comple (Example: 'Tank",etc.)
- MO/DA/YR drilling commenced 25.
- 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 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.
- 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.
- 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
- 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 46.

 - 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.