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

District II

811 South First, Artesia, NM 88210

OIL CONSERVATION DIVISION

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised October 18, 1994

Instructions on back
Submit to Appropriate District Office

District III	D1 4-1	N'N 1 07 (10		204	40 South	Pached	05 05					3 Copies		
1000 Rio Brazos District IV				San	ita Fe, Ni	VI OIJ	03				AME	ENDED REPORT		
2040 South Pucl I	ieco, Suntu F R I	e, NM 87505 FOUEST	FOR A	LLOWA:	BLE ANI	O AUT	THORIZ	ATI	ON TO TI	RANSP	ORT	· .		
Operator name and Address											¹ OGRID Number			
Amoco Production Company P. O. Box 800							0007							
Denver, Colorado 80201											Reason for Filing Code			
											New Well Pool Code			
Vi. Mannet						ool Name	ol Name				72319			
30 - 0 4529479				Property Name					* Well Number					
l ri	operty Code		Daws	son LS	perty 1	-		1 B						
II. 10 3	Curface	Location												
Ul or lot no.	Section	Township	Range	Lot.ldn	Feet from t	be	North/South	Line	Feet from the	East/We	st line	County		
K	31	31N	8W		1890'		South		520	West		San Juan		
11 Bottom		Hole Loc	Location						,	T		····		
UL or lot no. Section		Township	Range	Lot Idn	Idn Feet from the		North/South line		Feet from the	East/We	st line	County		
L	31	1 31N Producing Method Code		8W Connection Dat		29 Permit	South	993 " C-129 Effectiv		West	ıi C-	San Juan 129 Expiration Date		
12 Lac Code F	Product	ng Nicthod Co	Gas	Gas Connection Date										
III. Oil a	nd Gas '	Transpor	l ters											
Transpo			1º Transporter Name) 21	O/G	2 POD ULSTR Location					
OGRID			and Addre						and Description					
			aso Field Services 282 Box 4990				92 G	;						
	8883338333A			87499-49	90									
9018 Giant Refining Co. 2821191 O														
P. O. Box 12999 Scottsdale, Arizona 85267 DECEIVE											INGI			
	S. S.	coffsdal	e, Ari	zona 857	'b /	*****				기 기	クヒ	IN A POLITICAL		
				UN FEB 1 1 1993										
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				OIL CON. DIV.										
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IV. Prod		ater					STR Location		Danasintina					
1	1 1 0 7	ζ				rob ot.	SIK LOCATION	anu i	Description					
	1193													
V. Well Completion Da			2* Ready Date 27 TL			" PBID			2º Perfu	ations		" DHC, DC,MC		
1			18/98		6010'		5990'		5086'-5928'					
31 Hole Size			32 Casing & Tubing Size				n De	epth S	et	³ Sacks Cement				
10-3	/4"		9.8	875''		141'		140 sxs Class B						
8-3/4"			7''				3335 '			450 sxs Class B				
6-1	/ 4"		4.5	5''		5991 '		140 sxs Class B						
				23/8			5815	5						
	l Test D	ata												
		3º Gas I	1/1		Test Date		" Test Length		3º Tbg. Pressure 24#			** Cag. Pressure		
		-			1/18/98		28 hrs		24# 48 AOF		-	74#		
41 Choke Size			42 Oil		4 Water				AUF					
1/2" Trace 0						344 mcf Flowing								
with and that	on given above	is true and co	est of my	OIL CONSERVATION DIVISION										
knowledge and belief. Signature: Vall Ul. Hersen							Approved by: OPIGINAL SIGNED BY A COLOR OF STATE							
Printed name: Gail M. Jefferson							Title: DEPUTY OIL & GAS INSPECTOR, DIST. #2							
Title: Sr. Admin. Staff Asst.							Approval Date: MAY 2 1 1998							
Date: 2/9/98 Phone: (303) 830-6157							MAI 2 1./73							
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Printed Name

Previous Operator Signature

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.

- 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
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla
 N Navajo
 U Ute Mountain Ute 12.

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 gas transporter 14.
- 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. completion
- 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. 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. 30.

- 31. Inside diameter of the well bore
- Outside diameter of the casing and tubing 32.
- 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
- Barrels of oil produced during the test 42.
- 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 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.