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

District II

811 South First, Artesia, NM 88210

State of New Mexico Energy, Minerals & Natural Resources Department

OII CONSERVATION DIVISION

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

/	,	J	Copies

District III 1000 Rio Braze	s Rd., Ад	ec, NM 87410	(40 Sout	th Pache NM 875	co.	SION	Su	bmit/to z	Арргорг	iate District Offi 5 Copi	
District IV 2040 South Pac	:beco, Sant	в Fc, NM 8750	05	oun		1117 072	703				□ ам	ENDED REPOR	
I.			T FOR A	LLOWAI	BLE A	ND AU	THO	RIZAT	OT NOI	TRANS	SPORT	Γ	
Operator name and Address Amoco Production Company										, oci	RID Num	ber	
		P.O.	Box 800		parry				000778				
		Denve	er, CO	80201							`	Code	
• ,	Al'I Numbe	r				5 Pool Name				Deep	·	Pool Code	
30 - 0 45-10168 Blanco Mesaverde								72319					
¹ Property Code			¹ Property Name					* Well Number					
1208 II. ¹⁰ Surface Locatio			Wallace Gas Com					1A					
Ul or lot no.	Section	Location	Runge	Lot.Idn	Feet from		N: 41 (6)						
С	35	31N	11W		990	1200		Feet from the		Vest line	County		
11]	L Bottom	Hole Loc		L.,	1		1101	Lil	1030	Wes		San Juan	
UL or lot no.		qidenwoT	Range	Lot Idn	Feet from	m the	North/S	outh line	Feet from the	East/V	Vest line	County	
12 Live Code	13 Produc	ing Method C	ode 14 Gas	Connection Dat	e " C	-129 Permit	Number	. 1	C-129 Effectiv	e Date	1, C·	129 Expiration Date	
P Oil a	nd Gas	Transpor	tors										
Transpor	ter		Transporter l	Name		" POD	1	11 O/G		77			
OGRID			and Addres	9				O/G			OD ULSTR Location and Description		
9018		ant Refi O. Box 1	ning Co.	•	2 8	8173	5 6	0					
			, AZ 85	5267									
007057	E1	Paso Fi	eld Ser	· · · · · · · · · · · · · · · · · · ·	20	173	5 7	G				1	
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										1	16	1006	
/. Produ	ced Wa	ater								MAI			
2817	_				ц	POD ULST	R Locat	ion and De	escription ()		OM	. DIV.	
		ion Data									Not.		
35 Spud	Dute /- /-		Ready Date		" TD		21 PBT	(1)	P. Postor	ntions.		hug have	
eepen 4/	/1/96	5/1	3/96 5175'		5 '	5090'		Perforations		³⁶ DHC, DC,MC			
,	' Hole Size		n C	using & Tubing	Size		n	Depth Set	4126-48	12	³⁴ Sacks	Cement	
12.25"				8.625"		218'				200 sx cement			
7.875"				5.5"		2368'				550 sx cement			
3.5"			4.75"		5135								
2-1/16" tubir			tubing	;		4707							
I. Well													
35 Date Ne	w Oil	3 Gas De	livery Date	" Test		31	Test Len	gth	" Tbg. I	генчите		Cag. Pressure	
4 Choke	Size	42	Oil		12/96		24 hrs		290		480		
32/6			0	0	Wuter		44 Gas		" Λ	OF	" Test Method		
hereby certify	that the ru	les of the Oil C	onservation Div	rision have been lete to the best of	counlied I		<u>L</u>				1	F	
owledge and be	:lief.	Pixell above is	rive and compl	icie to the best of	t my		OH	L CON	ISERVAT	ION D	IVISI	ON	
gnature:	att	, 9 da	refele	<u> </u>		Approved by	/: OI	RIGINAL	SIGNED BY	ERNIF P	บรณ		
rinted name: Patty Haefele					Title:			GAS INSPECT					
Staff Assistant					Approval D:		MA)		995	· #3			
	15/96		Phone: (30)3) 830-4	988		 _			1177			
If this is a cha	inge of oper	rator fill in the	OGRID numl	er and name of		ous operator							
	Province C	paratus 61											
	r revious O	perator Signat	ure			Printed N	ame			Tid	c	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
- 2. 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.)

 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
- 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 State
 P Fee

 - **Jicarilla**
 - NU

 - 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.
- 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. 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:
 - G Oil Gas
- 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 24. vell completion location and a short description of the POD Example: "Battery A Water Tank", "Jones CPD Water (Example: "Tank", etc.)
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- 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,

- Inside diameter of the well bore 31.
- 32 Outside diameter of the casing and tubing
- 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.

- 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:

 - 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.