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<sup>π</sup> POD ULSTR Location			Oil and Gas Transporters						s liO '.III			
C-179 Effective Date 19 C-129 Expiration Date			12 C-175 Permit Number			" Gas Connection Date			<sup>1)</sup> Producing Method Code		isubor¶ <sup>(1</sup>	abo Sed "
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naut na2	East	1840 1840	ļ	North/Sout	10m the 040	Feet	nbl.10A	L3W IOD		Township I A	Section 15 25 MOttom 1	В
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OOT			• Property Name Atkins					_	Property Code			
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NDED KEPORT	☐ VME			\$0 03	NM 8750	Sor Fe,	Santa Santa					et III Rio Brazos I
Submit to Appropriate District Office S		OIL CONSERVATION DIVISION  Energy, Minerals & Natural Recourses Department  Energy, Minerals & Natural Recourses Department						t II Juth First, Artesia, NM 88210				
Form C-104 Revised October 18, 1994 Instructions on back								I 0861-19288 MN ,2ddoH ,0861 ,				

Produced Water Salt Lake City, UT 84158 0088 xo8 .0 .9 Blanco, Inc. San Juan County Williams Gas Processing -72244 0572860 B T2 3TN T3M C Farming con, NM

szie sloH 10 u Casing & Tubing Size n Debth Zet Made Cement Spud Date \* Ready Date м рис, рс,мс Perforations GT89 # al LD Well Completion Data 0982750 E 15 31W 13W, San Juan County DEE 9 COREDIN doq "  $^{\mbox{\tiny M}}$  POD ULSTR Location and Description

* Test Method	e VOF	589 <sub>9</sub>	1918W <sup>()</sup>	IIO to	, Choke Size	
orussare. Pressure	anussarf .gdf "	nigmal test k	n Test Date	* Gas Delivery Date		
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D <sup>816</sup> CGL TS\S8\82  OCKID #008304	Treasur Treasur Twe	Printed Name  Royce Fort  FULLER P	er and name of the previo	" If this is a change of operator All in the OGRID number and name of the p			
	9661 4 = NAL		T995-E89 (S		Date: 12/28/95		
		Title: Approval Date:	<b> </b>	Fort	Printed name: ROVCE		
	EBNISOR DISTRIC	Approved by:	I hereby certify that the rules of the Oil Conservation Division have been complied nowledge and belief my lighted and belief is true and complete to the best of my ignature:				
borhsM tesT *	« VOE	25.0 th	TaleW <sup>c</sup> è	11O p	41 Choke Size		
Self Fressure	" log. Fressure	" Jest Feußty	, Test Date	e Gas Delivery Date	" Date New Oil		

## 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 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

Improperly filled out or incomplete operators unapproved. forms may be returned to

- 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 requested)

  If for any other reason write that reason in this box.
- The API number of this well 4.
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- The property code for this completion 7.
- The property name (well name) for this completion 8.
- 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. If the
- 11. The bottom hole location of this completion
- 12 Lease code from the following table:
  - Federal State Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe NU

17.

4.

5.

Б. 7.

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- The producing method code from the following table:
  F Flowing
  Pumping or other artificial lift 13
- MO/DA/YR that this completion was first connected to a 14. 15.
- The permit number from the District approved C-129 for 16.
  - MO/DA/YR of the C-129 approval for this completion
  - 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 transperter of the product 19.
- 20. 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.
- 21. Product code from the following table: 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. 23.
  - 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 Tank", etc.)
  - MO/DA/YR drilling commenced
  - MO/DA/YR this completion was ready to produce
  - Total vertical depth of the well
  - Plugback vertical depth
  - 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.

- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and bottom.
- 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
- 40. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 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
- Gas well calculated absolute open flow in MCF/D 45.
- 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.