District 1 2O Box 1980, Hobbs, NM 88241-1980 District II

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised October 18, 1994 Instructions on back

811 South First, Artesia, NM 88210 District III

OIL CONSERVATION DIVISION 2040 South Pacheco

Submit to Appropriate District Office

1000 Rio Braze District IV	os Rd., Azteo	, NM 87410			ta Fe, I					_	_	э Сорге		
2040 South Pa		Fe, NM 87505	505 A	** ***						Ļ		ENDED REPOR		
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Operator name and Address EnerVest San Juan Operating, L.L.C.												OGRID Number 145199 / 58727		
570 Turner Drive, Unit B Durango, CO 81301 (970)247-1500											Reason for Filing Code			
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30 - 0 45-28892 Basin Fr						roperty Na			71629					
/	9632	1	Horton Federal CB-27								1 '"	ell Number		
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UL or lot no.	Section	Township	Range	Lot Idn	Feet from	n the	North/South li		Feet from the East/V		est line	County		
12 Lse Code F	13 Produci	ng Method Cod	e '' Gas	Connection Dat	te 15 C	-129 Perm	it Number		C-129 Effective	Date	" C-1	129 Expiration Date		
III. Oil a	nd Gas	Transporte	ers				 :				<u></u>			
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35 Date Ne	w Oil	³⁶ Gas Delivery Date			Date	* Test Length		" Tbg. Pressure		e Csg. Pressure				
41 Choke	Sizo	<b>v</b> o												
CHOKE	Sur	⁴² Oil		43 Water		" Gas			45 AOF		4 Test Method			
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Vice- President							Approval Date:							
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## 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.

£ 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.
- Reason for filing code from the following table:

  NW New Well

  RC Recompletion

  CH Change of Operator (Include the effect AO Add oil/condensate transporter Change oil/condensate transporter AG Add gas transporter

  CG Change gas transporter

  RT Request for test allowable (Include the effect Add gas transporter Change gas transporter RT Request for test allowable (Include the effect Add gas transporter) 3.

or filing code from unit to the Well New Well Recompletion Change of Operator (Include the effective date.) Add oil/condensate transporter Change oil/condensate transporter Add gas transporter Change gas transporter Request for test allowable (Include volume requested) other reason write that reason in this box.

If for any other reason write that reason in this box.

- 4. The API number of this well
- The name of the pool for this completion 5.
- 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
  I Other Indian Tribe 12.

13

- The producing method code from the following table:

Flowing Pumping or other artificial lift

- 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.
- 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: 21.

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 (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- 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
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and bottom.
- 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
- MO/DA/YR that gas was first produced into a pipeline 36.
- MO/DA/YR that the following test was completed 37.
- 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
- Gas well calculated absolute open flow in MCF/D 45.
- The method used to test the well:
  F Flowing
  P Pumping
  S Swabbing 46.
  - 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.