

District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
PO Drawer DD, Artesa, NM 88211-0719  
District III  
1000 Rio Brazos Rd., Artec, NM 87410  
District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals & Natural Resources Department

Form C-104  
Revised February 10, 1994

OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

Instructions on back  
Submit to Appropriate District Office  
5 Copies

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Burgundy Oil & Gas of New Mexico, Inc. 401 West Texas, Suite 1003 Midland, TX 79701		OGRID Number 003044
		Reason for Filing Code CH
AIT Number 30 - 0 25-20932 06 081	Pool Name Skaggs Grayburg	Pool Code 57380
Property Code 004808 15824	Property Name Skaggs Grayburg Unit	Well Number 19

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
F	13	20S	37E		1985	North	1980	West	Lea

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Lee Code P	Producing Method Code P	Gas Connection Date N/A	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
020667	Shell Pipeline Corporation P.O. Box 1910 Midland, TX 79702	1039010	0	J 12 20S 37E Central Battery
024650	Warren Petroleum Corporation P.O. Box 1589 Tulsa, OK 74102	1039030	G	J 12 20S 37E

IV. Produced Water

POD	POD ULSTR Location and Description
1039050	J 12 20S 37E

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cog. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Ben Taylor*  
Printed name: *BEN TAYLOR*  
Title: *Prop. Manager*  
Date: *10/10/94*  
Phone: *715/684-4033*

OIL CONSERVATION DIVISION  
Approved by: ORIGINAL SIGNED BY  
*GARY MIRC*  
Title: *FIELD SUPERVISOR*  
Approval Date: *OCT 13 1994*

If this is a change of operator fill in the OGRID number and name of the previous operator  
*Lori A. Hodge*  
Previous Operator Signature: *Lori A. Hodge* Printed Name: *Lori A. Hodge*, Landman Title: *Landman* Date: *09-30-94*  
Greenhill Petroleum Corporation (OGRID No. 009374) 11490 Westheimer, Suite 200 Houston, TX 77077

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED  
"AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

22. The ULSR location of the POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
23. The POD number of the storage from which water has moved from this property. If this is a new well or recompletion and the ULSR location of the POD 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. The ULSR location of the 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.)
25. M/D/A/Y/R drilling commenced
26. M/D/A/Y/R the completion was ready to produce
27. Total vertical depth of the well
28. Plugback vertical depth
29. Top and bottom perforation in the completion or casing shoe and TD if openhole
30. Inside diameter of the well bore
31. Outside diameter of the casing and tubing
32. Depth of casing and tubing. If a casing liner show top and bottom.
33. Number of sacks of cement used per casing string
34. M/D/A/Y/R that new oil was first produced
35. M/D/A/Y/R that gas was first produced into a pipeline
36. M/D/A/Y/R that the following test was completed
37. Length in hours of the test
38. Flowing tubing pressure - oil wells
39. Shut-in tubing pressure - oil wells
40. Flowing casing pressure - oil wells
41. Shut-in casing pressure - gas wells
42. Diameter of the choke used in the test
43. Barrels of oil produced during the test
44. Barrels of water produced during the test
45. MCF of gas produced during the test
46. Gas well calculated absolute open flow in MCF/D
47. The method used to test the well:  
F Flowing  
P Pumping  
S Swabbing  
I 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 the report  
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
1. Operator's name and address
2. Operator's GRRID number. If you do not have one it will be assigned and filled in by the District office.
3. Reason for filling code from the following table:  
NW New Well  
RC Recompletion  
CH Change of Operator  
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)
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
10. 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.
11. The bottom hole location of this completion
12. Lease code from the following table:  
F Federal  
S State  
P Fee  
J Jicarilla  
N Navajo  
U Ute Mountain Ute  
I Other Indian Tribe
13. The producing method code from the following table:  
F Flowing  
P Pumping or other artificial lift
14. M/D/A/Y/R that this completion was first connected to a gas transporter
15. The permit number from the District approved C-129 for this completion
16. M/D/A/Y/R of the C-129 approval for this completion
17. M/D/A/Y/R of the expiration of C-129 approval for this completion
18. The gas or oil transporter's GRRID number
19. Name and address of the transporter of the product
20. The number assigned to the POD from which the product will be transported by the 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:  
O Oil  
G Gas