District 1 PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104
Revised October 18, 1994

Submit to Appropriate District Office 5 Copies

Instructions on back

District II 811 South First, Artesia, NM 88210 District III

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe NM 87505

1000 Rio Brazo District IV	₹ Rd., A	ztec, Ni	NI 87410				NM 87					AME	NDED REPORT	
2040 South Pac	heco, Sa			TOD A		V F A	NITO ATT	THODI		ON TO TO	اسا		NUEU KEPUKI	
REQUEST FOR ALLOWABLE AND AUTHORIZATIO											ON TO TRANSPORT			
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6666 S. Sheridan, Ste 250 Tulsa, Ok 74133										Reason for Filing Code				
										CH/Effective 7/01/96				
30 - 0 05-60971 PECOS SLOPE ABO								Pool Name				* Pool Code 8273		
								Property Name				' Well Number		
15580 19300 LEEMAN FEDERAL												1		
			ocation											
Ul or lot no. Section		n Township 1 9S		Range Lot.ldn 25E		Feet fro	m the North/So			Feet from the 1680	t from the East/West lin 1680 East		County Chaves	
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			·											
12 Lse Code	" Pro	ducing	Method Co	de "Gas	Connection Dat	e 15	C-129 Perm	it Number	1	C-129 Effective	ate	" C-1	29 Expiration Date	
F Cil s	nd C	F								· · · · · · · · · · · · · · · · · · ·				
III. Oil and Gas Transporters "Transporter "Transporter Name								²⁰ POD 21 O/G			" POD ULSTR Location			
ogrin				and Address						and Description				
14783				NERGY CO. Fourth Street			1892930 G			<u> </u>				
[:::::::::::::::::::::::::::::::::::::			esia,	, NM 88210						d				
18053 PRIDE				DIDEL	NE	lá	28/2732 0			·				
										IIIN C. ACCO				
										JUN 2 4 1995				
								OH Company					91,111 #	
IV. Produced Water														
	POD "POD ULSTR Location and Description													
1892			<u> </u>				·							
	Comp d Date	pietio	n Data	Ready Date		1, J.D		n PB	res	" Perfora	41	1		
			,	ready trace					117	reriors	itions	ions MDHC, DC,MC		
" Hole Size				32	Casing & Tubin		33 Depth So		ct T		^M Saci	cs Cement		
											Pe	it.	In-3	
										8-16-96			-96	
								the ag						
	VI. Well Test Data "Date New Oil Gas Delivery Date "Test Date									- 				
		(vas Delivery Dat		envery Date	" Test Dat		e ^{ja} Test i		ngth	^P Tbg. Pressure			" Csg. Pressure	
41 Choke Size		4 Oil		' Oil	" Water		" G:			" 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 Special of the Oil Conservation Division have been complete to the best of my OIL CONSERVATION DIVISION													ION	
knowledge and Signature:	helic	1	, /) <i>,</i>	& mil		,			L CC	MOERVAI	ION D	17.12	ION	
Divined name								Approved by: ORIGINAL SIGNED BY TIM W. GUM						
2:1-		lınsdn					Title: DISTRICT N SUPERVISOR Approval Date:							
Production lech								al Date:		VL 23 19 9			JUN 27 1994	
"If this is a change of operator [fill in the OCIRIL number and name of the previous operator														
02306	7	\mathcal{U}	CULV			J.	Karla	Johns	on	Prora	ation	Ana1	yst 6/11/96	
	Prévi	ork Obc	erator Sign	tore			Print	ed Name			Ti	lie	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.

- 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.
- 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
- 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
- The producing method code from the following table:

 F Flowing
 P Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a gas transporter
- 15. The permit number from the District approved C-129 for this completion
- MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this completion
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product
- 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:
 O Oil
 G Gas
- 22. 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.)
- 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 action a number and write it here.
- 24. 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", atc.)
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- 30. 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
- 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
- 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
- 39. Flowing tubing pressure oil wells Shut-in tubing pressure gas wells
- 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
- 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.
- 47. 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
- 48. 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