Revised October 18, 1994
Instructions on back
Submit to Appropriate District Office

District II 811 South First, Artesia, NM 88210 OIL CONSERVATION DIVISION

District III 1000 Rio Brazos Rd	9	2040 South Pacheco Santa Fe, NM 87505						14	<i>диори</i> і	5 Copie			
District IV			S	ailla 1	. C, 141VI 67	303		:] AMI	ENDED REPOR		
2040 South Pacheco, I.			LLOW	ABLE	AND AU	JTHOF	TASB	ION TO TI	- ISNAS				
Operator name and Address										OGRID Number			
HS Resources, Inc. 6666 S. Sheridan, Ste 250										155567			
Tulsa, Ok 74133										Reason for Filing Code			
Anthon										ctive 7/01/96			
30 - 0 05-61042 PECOS SLOPE					* Pool Name				* Pool Code				
Property	PECOS	Property N				82730							
15588	BO FED	BO FEDERAL					* Well Number 1			ell Number			
II. ¹⁰ Surf	ace Location	n											
Ul or lot no. Secti	on Township	Township Range Lot			et from the	om the North/South L		Feet from the	East/W	Cast/West line County			
<u> </u>	3	9S 25E		1980		North		660	Eas	East Chaves			
	cation												
UL or lot no. Sect	UL or lot no. Section Townshi		Range Lot Idn		et from the	North/South line		Feet from the	East/W	est line	County		
12 Lse Code 13 Pr	roducing Method	Code "Gas	Connection	Date	15 C-129 Perm	it Number		C-129 Effective I	Date	" C-	129 Expiration Date		
F/	<u> </u>					···			i				
III. Oil and (Gas Transpo												
"Transporter OGRID		Transporter Name and Address			" PO	POD ²¹ O/G			11 POD ULSTR Location and Description				
147831 AGAVE E		NERGY COMPANY			1893230)	-		,				
105 S.		Fourth Street NM 88210			1893230 G								
18053	OCOFICAL			12125	. ~ /								
1000	•	as			56								
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							JUN 2 4 1995						
V. Produced Water									OIL COM, DIV.				
ron					" POD UL	STR Loca	tion and D		E-1	in in the			
18932	50												
V. Well Com				·-·									
opno mate		Ready Date e 31 Casing & Tu			D	** PBTD " Depth Se		21 Perfora	ions	98 DHC, DC,MC			
" Hole	Size												
		 	asing or 10	auig Size			<u> </u>		Suck	s Cemeni			
									102	TID-3			
								· · · · · · · · · · · · · · · · · · ·	8-	16-96			
						che on							
/I. Well Test Data													
Date New Oil				Test Dat	<u>. T</u>	P Teel 1		1					
				- COL EXELU		³⁸ Test Length		" Thg. Pressure			** Csg. Pressure		
" Choke Size		⁴⁷ Oil 41 Water				44 Gas		" AO	F	 	* Test Method		
											i est michod		
I hereby certify that the information	he rules of the Oil	Conservation Di	vision have I	been com	plied								
with and that the information given above is true and complete to the best of my						OIL CONSERVATION DIVISION							
ignature: WWW WANNADY						ORIGINAL SIGNED BY TIM W. GUM							
rinter name: Karla Johnson						Title: DISTRICT II SUPERVISOR							
Froduction Tech					Approval	Approval Date:					UN 9 7 190		
Date 6-11-96				8962	-	JL 23 1996				000-10-1000			
" If this is a change of	operator (il in	h GRID un	ber and na	me of the	previous opera								
023067	XLXX C	what	MOB	W	Karla		on	Prora	tion /	\n∧1y	st 6/11/96		
Prevk	ous Operator Sign	nturk		-	Printe	Name			Tiel				

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
- 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

 CO Change oil/condensate transporter 3.

Recompletion
Change of Operator (Include the effective date.)
Add oil/condensate transporter
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.

- 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
- R The property name (well name) for this completion
- 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

de from the followi Federal State Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe

13. The producing method code from the following table: Flowing Pumping or other artificial lift

- 14. 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 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.
- 21. Product code from the following table: Oil Gas

- The ULSTf. location of this POD if it is different from the well completion location and a short description of the POD (Example: "Buttery 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. (Example: 'Tank",etc.)
- 25. MO/DA/Yit drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28 Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhols
- 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 have, or 'MC' if there are note than three non-commingled completions in this well have. 30.

- 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.
- 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 35.
- MO/DA/YR that gas was first produced into a pipeline 36.
- **3**7. 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.
- 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 personauthorized to make this report, the date this report was signed, and the telephone number to call for questions about this 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 48. signed by that person