State of New Mexico Energy, Minerals & Natural Resources Department

istrict I) Box 1980, 11 istrict fl	obbs, NM	RR241-19RO	State of New Mexico Energy, Minerals & Natural Resources Department					-	Form C-104 () Revised October 18, 1994 Instructions on back ()			
H South First, istrict III 100 Rio Brazos					ATION uth Pach, NM 87	eco	N	Submit to Appropriate District Office 5 Copies				
istrict IV 140 South Pact				ATTOWA	DIE.	ANID AT	TUODI7	' A 'T''	ION TO TR		ENDED REPORT	
I. REQUEST FOR ALLOWABLE AN Operator name and Address							THORIZ	AI.	ON TO TRANSPORT			
HS Resources, Inc. 6666 S. Sheridan, Ste 250									155567 3 Reason for Filing Code			
Tulsa,	Ok 7	4133							CH/Effective 7/01/96			
	PI Number		Peol Name						* Pool Code			
30 - 0 05-	orty Code		PECOS SLOPE ABO * Property Name						82730			
155	8 9 19	285	COYOTE FEDERAL						3			
	urface Section	Location		112132	1 5	41	I be also at					
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		Hole Lo		<u> </u>	_!					NOTER	Chaves	
L or lot no. Section		Township	Range	Lot Idn	Feet	from the	North/South	line	Feet from the	East/West line	County	
12 Lsc Code F	" Produc	ing Method C	ode " Ga	s Connection D	ate	¹⁵ C-129 l'erm	it Number	 ;	C-129 Effective I	Pate 17 C-	129 Expiration Date	
	nd Gas	Transpor			l		l			<u> </u>		
" Transporter OGRID			" Transporter Name and Address			** POD *** O/G		,	22 POD ULSTR Location and Description			
105 S.		05 S. F	NERGY COMPANY Fourth Street NM 88210			1892430 G						
18053 PRIDE			01 -11			28/2759 0						
		···									Trans. 1-8	
									JUN 2 4 1895			
. Produced Water												
	OD	7			·	" POD UL	STR Location	and l	Description			
Well C	Complet	ion Data			·				 _			
¹ Spud				ady Date			* PBTD		²⁷ Perfora	tions	M DHC, DC.MC	
" Hole Siz			Casing & Tubi	ing & Tubling Size		31 Depth Se		rt	M Such	ks Cement		
			 		······································		 			Tost.	ID-3	
										8-16 chy	-96 of	
Well	Test Da	ıta	1) - , , , , , , , , , , , , , , , , , ,							//	
·		34 Gas D	Delivery Date "Test Da			Date Mark Test Length		h	* Thg. Pressure		4 Csg. Pressure	
" Choke Size					Water		44 Gas		" AO	F	44 Test Method	
hereby certify and that the wledge and had the	्राज्यातमाञ्जाता	eles of the Oil of the	Conservation is true and co	Division have be mplete to the bes	en compli t of my	Approve	ed by:	ORIO	NSERVATI	D SY TIM W	11	
		Johnson			<u></u>	Title:		OLSÏ	irict II Sup	envisum		
le: Produ	-96		Phone 918/488-8962				JUL 6.0 1330			UN 2 7 1996		
1f this is a ch 023067	W	perator Sign	he Octatio r	MUO	of the		ator Johnson ed Name		Prora	tion Anal	yst 6/11/96	

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.
- 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 allowable (include volume requested)

If for any 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
- 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: 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
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla 12.

Navajo Ute Mountain Ute Other Indian Tribe

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

Pumping or other artificial lift

- MO/DA/YR that this completion was first connected to a gas transporter 14.
- 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
- 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 Ğ

- 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", "It is a location of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", "It is a location of this POD if it is different from the well completely and the POD if it is different from the well completely and the POD if it is different from the well completely and the POD if it is different from the well completely and the POD if it is different from the well completely and the POD if it is different from the well completely and the POD if it is different from the well completely and the POD if it is different from the well completely and the POD if it is different from the well completely and the POD if it is different from the POD 24. Well comple (Example: " Tank",etc.)
- 25. MO/DA/YR 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 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 hard 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.
- 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.

- MO/DA/YR that new oil was first produced 35.
- 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 tes
- 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
- MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D

If other method please write it in.

- 46. The method used to test the well: Flowing Pumping Swabbi
- 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.