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

State of New Mexico
Energy, Minerals & Natural Resources Department

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

District II 811 South First, Artesia, NM 88210

District III

OIL CONSERVATION DIVISION 2040 South Pacheco

Submit to Appropriate District Office 5 Copies

District IV				Sant	a re	e, INIVI	8/303				AME	NDED REPORT	
1040 South Pach			FOR A	LLOWAE	BLE	AND A	AUTHOR	IZATI	ON TO TR	ANSP	ORT		
Operator game and Address									¹ OGRID Number				
HS Res	, Inc. idan, St	e 250					155567						
Tulsa, Ok 74133									Reason for Filing Code CH/Effective 7/01/96				
	DI Number					Pool ?	Vame		CH/Effec	tive 7			
'API Number '1 30 - 0 05-61153 PECOS SLOPE ABO							OUT NAME			* Pool Code 8273 5)			
Property Code					* Propert	y Name			' Well Number				
15701 193a2 FINCH FEE							1						
II. 10 S	Surface	Location											
Ut or lot no.	Section	1 '1				į.		uth Line Feet from the		1		County	
1	18	95		26E			Nor	tn	000	wes	West Chaves		
UL or lot no. Section		Hole Loca	Ation Range			from the	North/South line		Feet from the East/West line		County		
OB OF IOU III.	Beetion.			l ree		a aroun unc	Nordivisi	our mic	reet from the	Laso rest une Count		County	
12 Lse Code	¹⁾ Produc	ing Method Co	de 14 Gas	Connection Da	e ¹⁵ C-129 P		'ermit Number	1	C-129 Effective Date 17 C-129 Expir		129 Expiration Date		
P	F												
III. Oil a													
Transporter OGRID		Transporter Name and Address				28 POD 21 O/G			¹² POD ULSTR Location and Description				
147831		AGAVE ENERGY CO.				18935	30				······································		
	333333333333	105 S. Fourth Street					93530 G						
		rtesia,											
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IV. Prod		ater							<u> </u>			· · · · · · · · · · · · · · · · · · ·	
	POD				-	" PO) ULSTR Loca	tion and l	Description				
	3550						-						
V. Well	Comple				- 11 -		T						
Spur	a 1/2(6	- 1	Ready Date		" TI		2× PB	TI)	29 Perfor	itions		[™] DHC, DC,MC	
11 Hole Size		<u> </u>	32 (Casing & Tubir	ng Size		,	Depth S			M Sacl	ks Cement	
	·				<u></u>				``		9	+ TD-2	
											<i>034</i> T-	11 9/	
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											Ú	3 yr	
VI. Well	Test D	ata											
" Date New Oil		36 Gas Delivery Date 37 Test Date				c	38 Test Length		3 Tbg. Pressure			" Csg. Pressure	
4: 4:		ļ											
4 Chok	ic Size	42 Oil 43 W			Water		44 Gas		47 AOF			" Test Method	
1 hereby cert	ify that the r	ules of the Oil (Conservation I	Division have be	en com	unlied							
with and that the	ne informatio	mgiven above i	s true and com	iplete to the besi	t of my		O	IL CC	NSERVAT	ION I	DIVIS	SION	
Signature: White I Lanman)							Approved by:						
Printed name: Karla Johnson							Title: DISTRICT HICEPERVISOR						
Title: Production Tech						Ar	proval Date:		23 1996			H111 A	
Date 6-11-96 Phone 918/488-8962					li i		JUL	60 1330			JUN 2 7 1996		
a If this is a	change of o	perate fill in A		imber and nam		11	operator						
023067	91	<u>u</u>	MAN	NOW		ر Kar	la Johns	son	tor	ation	Ana1	yst 6/11/96	
	Previous	Operator Signs	ture				Printed Name	1		T	itle	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.

- 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 effective date.)

 AO Add oil/co..densate transporter

 CO Change oil/condensate transporter

 Add das transporter 3.

AO CO AG CG RT

Add gas transporter
Change gas transporter
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
- 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.' ox. 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
 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
- 16. MO/DA/YR of the C-129 approval for this completion
- 17. 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.
- 21. Product code from the following table: 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.
- 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 assign a number and write it here.
- 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
- 26 MO/DA/YR this completion was ready to produce
- Total vertical depth of the viell
- 28. Plugback vertica' depth
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- 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 we'll bore, or 'MC' if there are more than three non-commingled completions in this well bore. 30.

- 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
- 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
- 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
- 46. The method used to test the well: F Flowing
 P Pumping
 S Swabbing
 If other method please write it in.
- The signature, printed name, and title of the persor authorized to make this report, the date this report was signed, and the telephone number to call for question 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.