State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 AL

District II 811 South First, Artesia, NM 88210

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Revised October 18, 1994	丌
Instructions on back	4
Submit to Appropriate District Office	<i>ا</i> ړ ۱
5 Copies	`/\
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AMENDED REPORT	Ŋ
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811 South First, Artesia, NM 88210 District III			OIL CONSERVATION DIVISION 2040 South Pacheco					Submit to Appropriate District Office 5 Copies					
1000 Rio Brazos Rd., Aztec, NM 87410 District IV			Santa Fe, NM 87505							·			
2040 South Pac				TTOW					; <u></u> -		MENDED REPORT		
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HS Resources, Inc.									, ر	OGRID N			
6666 S. Sheridan, Ste 250									155567 Reason for Filing Code				
Tulsa, Ok 74133							CH/Effective 7/01/96						
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30 - 005 - 61354 PECOS SLOPE ABO						<u> </u>			82730				
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"Transpor	ter	'	"Transporter Name and Address			ⁿ PO	n	ii O/G	21 POD ULSTR Location and Description				
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		105 S. F	ourth St	reet		1092030		G					
Artesia, NM 88210 18053 PRIDE PIPELINE													
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" Choke Size		Oil C Water			" Gas		"AOI		4 Test Method				
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Signature: Washing					Approve								
Printed name Karla Johnson							Approved by: ORIGINAL SIGNED BY TIM W. CUM Title: DISTRICT II SUPERVICOR						
Tite Production Tech							Date				1111		
Date 6-11-96 Phone 918/488-8962							Approval Date: JUL 2 3 1935						
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023067		SON.	スクロア	10 for	100	Karla	Johnso	on	Prora	tion Ana	alyst 6/11/96		
	Previous (Operator Signi	ture	7		Printe	Name			Title	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. 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 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
- The property code for this completion
- The property name (well name) for this completion 8.
- 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.' box. 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 12.

Other Indian Tribe

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.
- 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
- Name and address of the transporter of the product 19.
- 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:

 O Oil
 G Gas 21

- 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", etc.) 24.
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to prinduce
- 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-commit gled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore. 30.

- inside diameter of the well bore 31.
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and
- Number of sacks of cement used per casing string 34

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
- Figwing tubing pressure oil wells Snut-in tubing pressure gas wells 39.
- 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
- The method used to test the well: 46. Flowing Pumping Swabbing

If other method please write it in.

- 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 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 48. signed by that person