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

District II

811 South First, Artesia, NM 88210

District III 1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104() Instructions on nack
Submit to Appropriate District Office

5 Copies Revised October 18, 1994 Instructions on back

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

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AMENDED	REPORT

District IV		F 1114 676							2	\ A1	MENDED REPORT	
2040 South Pac				LLOWAB	LE AN	UA dr	THOR	IZATI	ON TO TR	ANSPOR	2T	
1. REQUEST FOR ALLOWABLE AND AUTHORIZAT Operator yame and Address									OGRID Number			
HS Resources, Inc.						155567				フ		
6666 S. Sheridan, Ste 250 Tulsa, Ok 74133							Reason for Filing Code					
Juisa,	UK 75	1133							CH/Effec	tive 7/0	01/96	
ł	PI Number					Pool Nam					* Pool Code	
30 - 0 05-61650 PECOS SLOPE ABO							82730					
						roperty Na	me			' Well Number		
	+ 192			LAN MOC	FEDERA	AL	~			2		
II. 10 ;	Surface	LOCATION Township	Range	Range Lot.Idn Feet from the No			l North /C-		F 6 0			
		<u> </u>		Lot. Iuli	Feet from the North/Sout		l	Feet from the	East/West In			
0	30 Bottom I	5S	25E		66		Sou	uth 1650		East	Chaves	
UL or lot no.	Section 1	Township	- ,	Lot Idn	Feet from	n the	North/S	outh line	Feet from the	East/West lin		
				50. 1		1110	l water.		rect from the	ENST/ TV CST III	10 County	
12 Lse Code	1) Producii	ng Method (Code 14 Gas	Connection Date	. 110	-129 Perm	lt Number		C-129 Effective	Date "	C-129 Expiration Date	
F	F										C 10, Exp. Stan 1, at	
III. Oil a	nd Gas	Transpo	rters	· · · · · · · · · · · · · · · · · · ·					· · · · · · · · · · · · · · · · · · ·			
Transpo			" Transporter !			" PO	D	²¹ O/G		POD ULSTR	Location	
OGRID			and Addres							and Descri		
14783	- 1		NERGY CO. Fourth St]	189563	0	G				
	9000000000000 1		, NM 882									
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IV. Prod	uced Wa	ıter										
	rop					24 POD UI	STR Loca	tion and I)	escription			
1895	650	' 							•			
V. Well	Complet	ion Dat	a		·		· · · · · · · · · · · · · · · · · · ·					
²⁷ Spuc	l Date	2	Ready Date		" TD		" PB	T1)	" Perfora	tions	* DHC, DC,MC	
	31 Hole Size		"(Casing & Tubing	g Size		3.	Depth Sc		u ç	Sacks Cement	
·····		······································								Post	TD-3	
	T									8-16	-96	
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VI. Well	Test Da	ta	·	···	***							
Date N	ew Oil	^M Gas	Delivery Date	37 Tes	t Date		34 Test Le	ngth	^p Tbg. P	ressure	" Csg. Pressure	
		Oil Water		aier	" Gas		,	" AO ("		" Test Method		
"I hereby certi- with and that th	fy that the rule information	les of the Oil	Conservation D	ivision have been plete to the best of	complied							
knowledge and	helier.	1 1	to de and com	piete to the nest t	ni my		O.	IL CO	NSERVAT	ION DIV	ISION	
Signature: Yakila Wahmak						Approved by: ORIGINAL SIGNED SY TIM W. GUM						
Frinted name:	Karla	Johnson	\			Title:		Dis	TRICT II SU	PERVISOR		
T:	uction	······	¥			Approva	l Date:	8.5.5.		i	1111 0 111	
Date 6-11			Phone 9	18/488-89	962	╂		JUL	<u>23 1998</u>	ل	UN 27 1996	
" If this is a c		ator (ill in		mber and name		Vions	nior					
023067		JOO(2)	KON VICE	MAAM		Karla		on	Prora	ation Ana	elyst 6/11/96	
_ 	Previous ()	potator Sign	nature			Print	rd 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.

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.

 - AG CG RT

 - necompletion
 Change of Operator (Include the effective date.)
 Add oil/condensate transporter
 Change oil/condensate transporter
 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 wall
- 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.' box. Otherwise use the OCD unit letter. 10.
- The bottom hole location of this completion
- Lease code from the following table:
 F Federal
 S State
 P Fee 12.

 - . Jicarilla
 - N N Navajo Ute Mountain Ute Other Indian Tribe
- 13. 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
- 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.
- 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 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
- 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. 30

- inside diameter of the well bore 31.
- Outside diameter of the casing and tubing 32.
- 33. 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.

- 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.
- 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: Flowing Pumping Swapbing
 - If other method please write it in.
- 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.