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

District II 811 South First, Artesia, NM 88210

District III

s Rd . Azter. NM 87410

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe. NM 87505

State of New Mexico

Energy, Minerals & Natural Resources Department

ለሣ	Form C-104 Revised October 18, 1994
υ <b>΄</b> ,	Revised October 18, 1994
	Instructions on back
24	Submit to Appropriate District Office
(r'0	5 Copies
<b>VI</b>	AMENDED REPORT

1000 Rio Brazos Dist <del>ri</del> ct <b>IV</b>				Sania	re, m	VI 0/2	003				MEN	DED REPORT	
2040 South Pack [	ieco, Santa F R I	C. NM 87505 FOUEST	FOR AL	LOWABI	LE AND	) AU	THORI	ZATI	ON TO TR	ANSPO	RT	•	
REQUEST FOR ALLOWABLE AND AUTHORIZATI									<sup>2</sup> OGRID Number				
HS Resources, Inc.								Ĺ	155567				
6666 S. Sheridan, Ste 250 Tulsa, Ok 74133								l	Reason for Filing Code				
10130,					· ·				CH/Effec	tive 7/			
	At t Number							ol Name 827 <b>35</b>					
05 02075						perty Name				' Well Number			
15580		LEEMAN E		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				5					
		Location	<del></del>	<del></del>			<del></del>			<del>I</del>	·		
til or lot no.			Range	Feet from t	rom the North/South Line			Feet from the East/West line		County			
К	1	9S	25E		1525		South		1915	5 West Ch		Chaves	
11 Bottom Hole L			cation										
UL or lot no.	Section	Township	Range	Lot Idn	Feet from	from the North/S		outh line	Feet from the	e East/West line		County	
12 Lse Code	11 December of	ng Method Cod	Code 14 Gas Connection Date		1 1 C-1	" C-129 Permit Number			C-129 Effective I	Pate	ate "C-129 Expiration		
F	F	·	de "Gas Connection Date "C-1			27 1 11111			C-127 Effective trate				
III. Oil a	L	.,	ers				<del> </del>			1			
"Transpo	rter		Transporter Name			" PO	D	31 O/G		22 POD ULSTR Location			
OGRID		GAVE ENE	and Address				0	G	and Description				
14783	<u> </u>	05 S. Fo		reet	10	39303	0	0					
		rtesia,						***					
1805	3 PA	RIDE P.	PELIN	IE	28	312	75a	0	y, taern - 11	a eta eta	jane en e		
						JUN 2 4 1995					S		
									/#* B B	650 K PA	D(d)	.e. # 7. ¶	
									U U U	.00	i de i	L7:17a	
IV. Prod	uced W	ater	···	· · · · · · · · · · · · · · · · · · ·					<u> </u>	<u> </u>	<u> </u>		
	ron				74	ron u	LSTR Loca	tion and	Description				
1893													
		tion Data		.,	· · · ·					<del>-</del>			
N Spud Date		* P	<sup>24</sup> Ready Date <sup>27</sup> TD			" PBTD		" Perfor	ations	ons MDHC, DC,MC			
			N 6	Casing & Tuhin	e Size	ᆛ	31 Depth S		ict T		34 Sucks Cement		
	TION SEC	· · · · · · · · · · · · · · · · · · ·	`	asur a roma	K 000					P	F	T0-7	
				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·			<del></del>			<del>2/</del>	191	
						<del> </del>		<del></del>			8-1	6-/6	
	· · ·					+					çuz	gi	
VI. Well	Test D	ata	L						<u>-</u>				
VI. Well Test Data  "Date New Oil "Gas Delivery Date "Test Date						* Test Length			" Thg. Pressure "Csg			4 Csg. Pressure	
" Choke Size			Oil	4' Water			" Gas		49 AOF			" Test Method	
, ,		rules of the Oil C					_	W 01		CION -	11110	IOM	
knowledge a:	belief.	on given above is	s true and con	ipiete to the nest	or my		C	ML CO	ONSERVAT	HON D	1 V I S J	ION	
Signature: What Man Man							Approved by: ORIGINAL SIGNED BY TIM W. GUM						
Printed name:	Johnso.	Title: DISTRICT II SUPERVISOR											
Tile: Production Tech					Αργιο	val Date:		JUL 23 19	10c	11	IN 0 17 4000		
Date 6-11-96 Phone 918/488-8962									-3U	<del></del>	OEE CONE		
11	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	prakr fili n	y CRID m	mber and nam	_	-			1		A = - 1	yst 6/11/90	
02306	—— <del>———————————————————————————————————</del>	Operator Sign	THU		<u>ノ</u>		a John	son	t'roi	ation			
L)		Colorano akin	r <b>\</b>			1.1.11	acco 1780mC			Tit	IT.	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.
- 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.

- 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
- The property name (well name) for this completion 8.
- The well number for this completion 9.
- 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

N

Jicarilla Navajo Ute Mountain Ute Other Indian Tribe

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

- MO/DA/YR that this completion was first connected to a 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 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.
- 21 Product code from the following table:
  O Oil
  G Gas 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
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29. 30
- 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.

- 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 33.
- 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.
- 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
- 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 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.