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

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office

District II

OIL CONSERVATION DIVISION

rict III   Rio Brazos		NM 87410	PO Box 2088 Santa Fe, NM 87504-2088								5 Copies			
rict IV													NDED REPORT	
Box 2088, Sa	nta Fe, NM RI	EQUEST	FOR AL	LOWAB	LE	AND A	AUT	HORI:	ZATI	ON TO TRA	ANSPO	<u>ORT</u>		
Operator name and Address												. OCKID Mamper		
		L COMP					_}			007147 3 Reason for Filing Code				
Post Office Box 310 Roswell, New Mexico 88202-0310											CG 10-1-95			
,	COSWEIL	, 14EW 101	icaico co.					······································			CG /			
AM Namoer								l Name				* Pool Code 76730		
0-0 05-	62763		Foor Ranch Pr					Pre-Permian			' Well Number			
' Pro	perty Code			¹ Property Name							1	, M		
00	3971			Ja	n St	ate							1	
10 5	Surface	Location	1		·····		e North/South Line		Fact from the	East/West line		County		
l or lot no.	Section	Township	Range	Lot.lda	Feet	from the			th Line	Feet from the			·	
K	36 8S		26E			1980		Soutl		1980	West		Chaves	
. 11 J	Bottom	Hole Lo	cation											
L or lot no.	Section Towns			Lot Ida	1 -	t from the	1 .		_	Feet from the	East/West fine		County Chaves	
K	36	8S	26E			1980	Sout			1980	West		<u> </u>	
12 Lee Code	13 Produc	ing Method C	Code 14 Gas (	Connection De	le	14 C-129	Permit	Number	'	C-129 Effective I	Date	" C-	129 Expiration Date	
											1			
I. Oil a	nd Gas	Transpo	rters											
Transporter OGRID		17 Transporter Name					" POD		31 O/G	1	POD ULSTR Location and Description			
		Agavo I	gave Energy Company			<del> </del>				<del> </del>				
147831		105 So	uth Fourth	ı Street		0	9263	330	G					
		Artesia, New Mexico 88210						annini mil						
100001114280 508			<u> </u>											
						30 N N/C N / 110	non the Appe	. 2 - 16	Brojnoskijagnes	Test in	=> / To / E	ann e	C princip	
										RECEIVED.				
V 400 100 100 100 100 100 100 100 100 100														
	a francisci e										nov a	2 10	165	
										OIL CON. DIV.				
( Jarija	120.0000							Dist. 2						
an mana	transmit		<u> </u>			distribution.	الوفاد فأفرونواركم	والمعادية وموجوب	No. 2000 - 2002	<u> </u>	10)16	# 2		
	luced V	vater				и р	on III	SIR Loca	tion and	Description				
$\sim$							OD U	W 1W 1WH		Description				
7263								· · · · · · · · · · · · · · · · · · ·						
		etion Da								M moreon			N Defections	
B Spud Date			<sup>14</sup> Ready I	<sup>14</sup> Ready Date		п	" 1D		" PBTD		29 Perforations			
												M.C. J. C		
<sup>34</sup> Hole !		ize	31	Casing & Tu	Casing & Tubing Size		_		Depth Set		<sup>23</sup> Sacks Cement			
							1		<del></del>					
											<b> </b> -			
		<u> </u>									<u> </u>		<del> </del>	
	Il Test	Data					<del>. ,</del>							
M Date New Oil		<sup>M</sup> Gas Delivery Date   → Test Date			Date	" Test Length			N Thg. Pressure		1	" Cag. Pressure		
			" Oii			" Water		49 Gas		4 AOF			" Test Method	
i 														
" I hereby c	ertify that th	e rules of the	Oil Conservation	Division bave	been o	omplied								
			ove is true and co		best of	my		(	DIL C	ONSERVA	TION	DIV	ISION	
knowledge and belief. ELK OIL COMPANY Signature:						1	Approved by:							
			4=		···		SUPERVISOR, DISTRICT II							
Printed name: Joseph J Kelly							Title:							
Title: President							Appro	val Date:	M	v 28 199	5			
Date: No		21, 199	<del> </del>	(505)623-	-319	0				14 - 61 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
			l in the OGRID				ous on	ratur						
11 10 19	e rosult o	, operator III	. AL AUE COPULD		U	piern	~p~	<del></del>						
	Previo	ous Operator	Signature	<u></u>			Pri	nted Name	e			Title	Dat	
.,														

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 Weil

RC Recompletion

CH Change of Operator

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add ges transporter

CG Change gas transporter

RT Request for test allowable (include volume requested)

If for any other reason write that reason in this box. 3.

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 R

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 12. Navajo Ute Mountain Ute Other Indian Tribe

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

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 16.

MO/DA/YR of the C-129 approval for this completion

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. 20.

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.

21. Product code from the following table: Oil Gas

T' e 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.)

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 seeign 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

30. Inside diameter of the well bore

31. Outside dismeter of the casing and tubing

32. Depth of casing and tubing. If a casing liner show top and

33. Number of eacks of cement used per casing string

The following test data is for an oil wall it must be from a test conducted only after the total volume of load oil is recovered.

34. MO/DA/YR that new oil was first produced

MO/DA/YR that gas was first produced into a pipeline 35.

MO/DA/YR that the following test was completed 36.

37. Length in hours of the test

Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells 38.

Flowing casing pressure - oil wells Shut-in casing pressure - gas wells 39.

40. Diameter of the choke used in the test

41. Barrels of oil produced during the test

42. Barrels of water produced during the test

MCF of gas produced during the test

44. 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 46.

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 47.