) Box 1980, Hobbs, NM 88241-1980

strict II

) Drawer DD, Artesia, NM 88211-4719 strict III

100 Rie Brazos Rd., Axtoc, NM 87410

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

State of New Mexico

E , Minerals & Natural Resources Department

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

AMENDED REPORT

	KE	OUEST	FOR A	LLOWAB	LE AND A	UTHORIZA	MOIT	TO TRA	ANSPORT	[
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N/A  Wel  17½''  12¼''  7-7/8  VI. W  Do  06/  28/64  I hereby with and I knowledge Signature:	POD A  1 Compl Spud Date /95  Miole S  Hole S  11  cell Test ate New Oil 28/95  Choke Size 4  y certify that the inform c and belief.	Data Data Gabe rules of the ration given about L. 1	Read  06/28/95  13-3/ 8-5/8  5-1/2  2-7/8  Delivery Deliv	2 Casing & Tu /8 - 48# 3 - 24# & 2 - 17# N- 8" J-55 t1  atc 08/0 08/0  tion Division have a complete to the	7129 bing Size  J-55  32# J-55  -80 abing  Test Date 4/95 to 7/95  Water  0  c been complied best of my	# To	L CON	702 702 703 704 705 706 706 706 706 706 706 706 706 706 706	8 693 8 700 440 Sc C1 950 Sx Hall 150 Sx 2 220 Sx 50 Set w/6' Packer  TION DI NED SY TIM	Perforations 38 - 7000 38 - 7015 Sacks Cement  L'C" 2% CaCl Lite, Floc. CaCl Vison Arrow  "Csg. Pressur  O  "Test Method F  VISION  W. GUM

## New Mexico Oil Conservation Division C-104 Instructions

22.

- THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED AMENDED REPORT" AT THE TOP OF THIS DOCUMENT
- eport all gas volumes at 15.025 PSIA at 60°. eport all oil volumes to the nearest whole barrel.

request for allowable for a newly drilled or deepened well must be ccompanied by a tabulation of the deviation tests conducted in ccordance with Rule 111.

Il sections of this form must be filled out for allowable requests on ew and recompleted wells.

ill out only sections I, II, III, IV, and the operator certifications for hanges of operator, property name, well number, transporter, or ther such changes.

separate C-104 must be filed for each pool in a multiple ompletion.

nproperly filled out or incomplete forms may be returned to perators 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.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change cas transporter

AG CG RT

Change gas transporter
Change gas transporter
Request for test allowable (Include volume requested)

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

The API number of this well

The name of the pool for this completion

The pool code for this pool

The property code for this completion

The property name (well name) for this completion

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.
- The bottom hole location of this comulation

Lease code from the following table:

Federal State

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Fee Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe

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

The permit number from the District approved C-129 for this completion

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

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

The gas or oil transporter's OGRID number

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.

Product code from the following table:

Oil Gas

- T! a 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 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
- Total vertical depth of the well 27.
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhale 29.
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and bottom.
- Number of sacks of cement used per casing string

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 34.
- MO/DA/YR that gas was first produced into a pipeline 35.
- 36. MO/DA/YR that the following test was completed
- 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
- 43. MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well:

Flowing

Pumping Swapbing

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.