

District I
1625 N French Dr., Hobbs, NM 88240
District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S St Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources

Revised Feb. 26, 2007

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address NABORS WELL SERVICES LTD P.O. BOX 5208 HOBBS, NM 88241		² OGRID Number 170966	³ Reason for Filing Code/ Effective Date 7-11-09 SALVAGE OIL FROM SALT WATER DISPOSAL SYSTEM, APPROX 600 BBLs
⁴ API Number 30 - 0 25-23786	⁵ Pool Name SWD; SAN ANDRES	⁶ Pool Code 96121	
⁷ Property Code 00007 23500	⁸ Property Name STATE "AB" SWD	⁹ Well Number 1	

II. ¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
C	3	19S	37E	3	660	NORTH	1980	WEST	LEA

¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
¹² Lse Code S	¹³ Producing Method Code SWD	¹⁴ Gas Connection Date	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
37008	TORO OPERATING COMPANY 3773 CHERRY CREEK DR. NORTH STE 1025 DENVER CO 80209	(POD) 2808464 0

IV. Well Completion Data

²¹ Spud Date 5-25-71	²² Ready Date	²³ TD 8170	²⁴ PBTD 5700	²⁵ Perforations 4897-4919	²⁶ DHC, MC
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
11	8 5/8	1680	475		
7 7/8	5 1/2	7045	725		

V. Well Test Data

³¹ Date New Oil N/A	³² Gas Delivery Date	³³ Test Date	³⁴ Test Length	³⁵ Tbg. Pressure	³⁶ Csg. Pressure
³⁷ Choke Size	³⁸ Oil	³⁹ Water	⁴⁰ Gas		⁴¹ Test Method

⁴² I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Freeman Young*

Printed name:
FREEMAN YOUNG

Title:
AREA MANAGER

E-mail Address: freeman.young@nabors.com

Date: 7-13-09

Phone: (575) 392-2577

OIL CONSERVATION DIVISION

Approved by:

[Signature]

Title:

PETROLEUM ENGINEER

Approval Date:

JUL 14 2009

New Mexico Oil Conservation Division
C-104 Instructions

2/26/2007

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "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.

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
2. 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
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.
8. The property name (well name) for this completion.
9. The well number for this completion.
10. 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.
11. The bottom hole location of this completion.
12. Lease code from the following table:
F Federal
S State
P Fee
J Jicarilla
N Navajo
U Ute Mountain Ute
I Other Indian Tribe
13. The producing method code from the following table:
F Flowing
P Pumping or other artificial lift
14. MM/DD/YY that this completion was first connected to a gas transporter.
15. The permit number from the District approved C-129 for this completion.
16. MM/DD/YY of the C-129 approval for this completion.
17. MM/DD/YY of the expiration of C-129 approval for this completion.
18. The gas or oil transporter's OGRID number.
19. Name and address of the transporter of the product.
20. Product code from the following table:
O Oil
G Gas
W Water
21. MM/DD/YY drilling commenced.
22. MM/DD/YY this completion was ready to produce.
23. Total vertical depth of the well.
24. Plugback vertical depth.
25. Top and bottom perforation in this completion or casing shoe and TD if openhole.
26. Write in 'DHC' if this completion is downhole commingled with another completion or 'MC' if there is more than one non-commingled completion in this well bore. Attach actual completed well bore diagram
27. Hole size.
28. Outside diameter of the casing and tubing.
29. Depth of casing and tubing. If a casing liner, show top and bottom.
30. 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.
31. MM/DD/YY that new oil was first produced.
32. MM/DD/YY that gas was first produced into a pipeline.
33. MM/DD/YY that the following test was completed.
34. Length in hours of the test.
35. Flowing tubing pressure - oil wells
Shut-in tubing pressure - gas wells
36. Flowing casing pressure - oil wells
Shut-in casing pressure - gas wells
37. Diameter of the choke used in the test.
38. Barrels of oil produced during the test.
39. Barrels of water produced during the test.
40. MCF of gas produced during the test.
41. The method used to test the well:
F Flowing
P Pumping
S Swabbing
If other method please write it in.
42. The signature, printed name, title, and e-mail address 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.