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

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994

NO Drawer DD, Artenia, NM 88211-0719 District III

OIL CONSERVATION DIVISION

Instructions on back
Submit to Appropriate Pistrict Office

1000 Rio Brazo	n Rd., Aztec.	NM 87410			e, NM		-2088					5 Copi	
District IV PO Box 2008, 8	Santa Fe, NM	[8 7504-208 8	:		-, - · - · -							NDED REPOR	
I.				LLOWAB	LE AN	D AU	THORI	[ZAT]	ON TO T	RANS	PORT		
			Operator na	me and Address					····		ID Numb		
Reliance Operating Company										149441			
505 N. Big Spring, Suite 503 Midland, TX 79701										'Reason for Filing Code CH(effective 6-1-96)			
	MIGIANO API Number	- IX	79701						CH(ef	fect	ive 6-	-1-96)	
30 - 0 25-	C.		'Pool Name evonian, West				' Pool Code 13590						
	roperty Code		1 B				ty Name			' Well Number			
-18	3672 19	254	Federal "D"						001				
II. ¹⁰	Surface	Location	n	· · · · · · · · · · · · · · · · · · ·									
Ul or lot no.	Section	Township	, -	Lot.ldn	Feet from		North/South Line			East/West line East		County	
P	31	09S	36E		660	660.		in .	660'			Lea	
	Bottom												
UL or lot no.	Section	Township	Range	Lot Idn	Feet from	the	North/South line		Feet from the	East/West line		County	
12 Lee Code	13 Produc	ing Method	Code 14 Gas	Connection Dat	e '" C-	129 Perm	it Number	1	C-129 Effective	Date	'' C-:	129 Expiration Date	
F	P											•	
	and Gas	Transpo											
Transpo	,		17 Transporter and Addre			²⁰ PO	D	21 O/G			JLSTR Le Description		
01512	015126 Mobil		Pipe Line Co.			2546210 O		0	<u> </u>		- Carripa	<u> </u>	
P.C		P.O. Bo	. Box 900										
do de la companya de			TX 752	221				· · · · · · · · · · · · · · · · · · ·					
N/A N/A		N/A				2546230 G							
2					76. vin.)								
						·····	*****************	************	<u> </u>				
** **********************************					W illiams			N. No. deli ida					
IV. Prod	uced W	ater					*******************						
23	POD				2/	POD UI	STR Locat	ion and l	Description			a	
	6250												
V. Well	Comple	tion Dat										· · · · · · · · · · · · · · · · · · ·	
" Spud Date 8-26-59			" Ready Date 11-12-59			12031'			" PBTD		19 Perforations		
M Hole Size							N.D. a. S.			33 Sacks Cement			
			31 Casing & Tubing Siz			²² Depth Se			et		" Sacl	s Cement	
··· ·· · · · · · · · · · · · · · · · ·										····-			
								<u> </u>					
						1-					<u>.</u>		
VI. Well	i Test D	ata				<u> </u>	-						
Date New Oil Ga			Delivery Date " Test Date			²⁷ Test Length			N Tog. Pressure N Cag. Pressu			" Cag. Pressure	
" Choke Size			4 Oil	41	4 Water		⁴³ Gas		" AOF			" Test Method	
4													
with and that	the informatio	ed given above	ul Conservation e is true and cor	Division have been mplete to the best	of my		Oī	T CO	NSERVAT	TON	DIVIS	ION	
knowledge and Signature:) -vu				A	()	MOLES	1		ويرجوه فالدي		
Printed name:	, ,	, -	come	1		Approv	ou by:	t))	olden styr	يانون ده	2	. 0	
	Gary D	. McKin	mey _	<u>/</u>		Title:				-		·	
Tide: President						Approval Date: JUL 2 3 1990							
Date:	7/3/96			15-683-48									
				mber and name		ions oper	eter						
Dali		Operator Sign	ion, Inc	12276	<i>'F</i> /	Print	ed Name			-	Title	Date	
	1/,1		Hun	w//	7 Wi		C. Ba	h1bur	g Pre	siden		5/29/96	

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

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.
- 3.

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 gas transporter

RT Request for test allowable (Include Recompletion
Change of Operator
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.

- The API number of this well
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- The property code for this completion 7.
- The property name (well name) for this completion 8.
- The well number for this completion 9.
- The surface location of this completion NOTE: United States government survey designates a Lot ! 10. 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:

Federal State

S

Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table: 13.

Flowing
Pumping or other artificial lift

- 14. 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 15.
- 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.
- Product code from the following table:
 O Oil
 G Gas 21.

- 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 24. (Example: Tank ,etc.)
- 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. 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
- Number of sacks of cement used per casing string 33

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.

- 34. MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline
- 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 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.
- 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