District I PO Box.1980, Hobbe, NM 88241-1980 District II

PO Drawer DD, Artesia, NM 88211-0719

Form C-104
Revised February 10, 1994
Instructions on back

State of New Mexico
Energy, Minerals & Natural Resources Department

District III 1000 Rio Brazo	Del Asten	NM 87410	PO Box 2088						Submit to Appropriate District Office 5 Copies				
District IV				Santa	Fe, NM	8750	4-2088				AMEN	IDED REPORT	
PO Box 2088, S [.	-			LLOWA	BLE AN	D AU	JTHOR	UZATI	ON TO TH				
			Operator nac	ne and Addre	88		7."			OGRID			
ELK OIL COMPANY Post Office Box 310										007147			
			lexico 882	202-0310					1	Reason for	Filing Co	øde	
'Al'I Number '							Fool Name				RC		
30 - 0 25-29004			North Bagley							1 Pool Code 3 7 20			
Property Code			¹ Property N							* Well Number			
/8460 II. ¹⁰ Surface Locatio			RR State								1		
II. 10 ;	Section	Township		Lot.ldn	Feet from	the	North/S	outh Line	Feet from the	East/West	II.a I	County	
I	I 7		33E		187	1874		uth	766	., _		Lea	
. 11	Bottom 1	Hole Lo	cation		 		.1			1		200	
UL or lot no. Section		Township 11S		Lot Idn	Feet from	the			Feet from the	East/West line		County	
I Lee Code	I 7		ode 14 Gas Connection D		1874		South		766	<u> </u>		Lea	
12e Code	ł	ng Method (µmping		V/A	ale "C-	129 Peru	sit Number	` '	C-129 Effective	Date	" C-129	Expiration Date	
III. Oil a	L											······································	
II Transporter			19 Transporter Name			" POD " 0/G		²¹ POD ULSTR Location					
	OGRID Amoco		and Address Pipeline ICT						and Description				
138048 Attent		ttentio	on: Mike Stansifer 🥃			8174/6 0		О	T ^	7-11-33			
	W-32/103/03/		h West Ar d, Texas		24.44		or and the		T /	-//-	<u>ವವ</u>		
Sauce String Control Strains	1		HEAD GAS		OT BE								
userni.		FLARED	AFTER	8/6/9	26								
		UNLESS IS OBTA	AN EXCEP	TION TO	R-4070								
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28/	POD 7 1 1 1 1 7	,	7	\sim	1	POD U	LSTR Loca	tion and I)escription				
V. Well	Complete	lion Dat	<u>- + -</u>	7-1	1-5:	<u> </u>				···			
	ud Date	non Dat	" Ready D	ale .		" TD			" PB1D				
2/26/96		- 1	5/10/96			10450			10443		" Perforations 10,081'- 10,373'		
H Hole Size		·	T-1	" Casing & Tubing S		n Depth S				n Sacks Cement			
$17\frac{1}{2}$		13 3/8"			373				375 sxs				
124		8 5/8"			3710				1600 sxs				
7 7/8			5 ½			10450				· · · · · · · · · · · · · · · · · · ·		sxs	
													
	Test Da								L		 .		
.		M Gas	Delivery Date	est Date	" Test Length		" Thg. Pressure		" Cag. Pressure				
3/16/96 ** Choke Size					0/96 Water		24 hours		-0-		-0-		
N,	N/A		45 200			,		• 5	" AOF N/A		Test Method N/A		
" I hereby cert	ify that the ru	iles of the Oi	Conservation D	ivision have b					<u> </u>		<u> </u>	11/21	
Knowledge and	belief	LK QIL	is true and com	plete to the bei $oldsymbol{V}oldsymbol{Y}$	t of my				NSERVAT			N	
Signature:	*					Αρριον	ed by: 🔘 🎖	IGINAL	Signed B)		COM		
Frinted name: Joseph J. Kelly							Tide:						
Title: President						Approval Date: JUN 05 1990							
Date: 5/13)623-3190						••••					
" If this is a	hange of op	erator fill in	the OGRID nu	nber and nan	ie of the prev	ious oper	nter						
	Previous (Operator Sig	pature	-		P-1	led Name			······	 -		
						. (10)	ITBIE			Title	!	Date	

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 despende 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 Well

 RC Recompletion

 CH Change of Operator

 AD Add oil/condensate transporter

 CO Change oil/condensate transporter

 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. 3.

- 4. The API number of this well
- 5. The name of the pool for this completion
- 6. The pool code for this pool

8.

13.

15.

16

17.

- 7. The property code for this completion
 - The property name (well name) for this completion
- 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. If the
- 11. The bottom hole location of this completion
- 12 Lease code from the following table:
 F Federal
 S State
 P Fee

Fee Jicarilla Ň

Navajo Ute Mountain Ute Other Indian Tribe

- The producing method code from the following table: 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
 - MO/DA/YR of the C-129 approval for this completion
 - MO/DA/YR of the expiration of C-129 approval for this
- 18. The gas or oil transporter's OGRID number
- 19. 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. 20.
- 21. Product code from the following table:

- T' e ULS "R location of this POD if it is different from the west 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
- MO/DA/YR this completion was ready to produce 26.
- 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 openhols
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- 33. Number of eacks of cement used per casing string

The following teet data is for an oil well it must be from a teet 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 38
- 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. Diamater 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
- Gas well calculated absolute open flow in MCF/D 44
- 45. The method used to test the well: F Flowing
 P Punping
 S Swebbing
 If other method please write it in.
- The signature, printed name, and title of the person suthorized 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

