District I PO Box 1980, Hobbs, NM 88241-1980 District II 811 South First, Artesia, NM 88210 District III

1000 Rio Brazos Rd., Aztec, NM 87410 District IV

2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

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AMENDED REPORT

1		1	Operator nai	me and Address	<u>LE ANI</u>	DAUIE	IORIZATI	<u>ON TO TR</u>	² OGRID Numb)er	
Eunice Well Servicing, Inc. P. O. Box 1889								00	07622 'Reason for Filing Code		
Eunice. New Mexico 88231 CH, Effective 07/01/98									01/98		
•A 30 - 0 041	PI Number -20311			Bluitt S		Pool Name Dociation	* Pool Code 06880				
	operty Code					operty Name	' Well Number				
II. 10 S	Surface]			لد با 	ght				#1		
Ul or lot no.	¹⁰ Surface Location ot no. Section Township Range Lot.Idn Feet from		Feet from	the North/South Line		Feet from the	East/West line	st line County			
I	15	08S	37E	37E 1980			South	660	East	Roosevelt	
¹¹ Bottom Hole Location											
UL or lot no. I	Section 15	Township 08S	Range 37E	Lot Idn	Feet from 1980			Feet from the	East/West line	County	
¹ Lse Code		ng Method Cod	e ¹⁴ Gas	Connection Date		-129 Permit Number		660 • C-129 Effective 1	East	ROOSEVELT	
F PP 11/17/71 III. Oil and Gas Transporters											
	" Transporter " Transporter Name						²¹ O/G	²² POD ULSTR Location and Description			
01569		avajo Re:	efining Co.			1147110	0	I-15-08S-37E			
	***********	0. Box tesia. I		ico 88211				_			
02465	0 Dy	negy Mi	dstream	Service		1147030	G	I-15-085	S-37E		
024650 Dynegy Midstream Service 1147030 G I-15-08S-37E 1000 Louisiana St Suite 580 Houston, Texas 77002											
										X	
IV. Produced Water											
²³ POD ²⁴ POD ULSTR Location and Description											
	V. Well Completion Data										
²⁵ Spud Date			Ready Date 27 T			<u> </u>		2º Perfora	tions		
³¹ Hole Size			³² Casing & Tubing Size				³³ Depth Se	st 34 Sacks Cement			
										······································	
VI. Well Test Data ³⁵ Date New Oil ³⁶ Gas Delivery Date ³⁷ Test Date						³⁴ Test Length ³⁹ Tbg. Pressure ⁴⁶ Csg. Pres					
4) Choke Size		42	01	43 W	ater	4 Gas		45 AC)F	" Test Method	
" I hereby certify that the rules of the Oil Conservation Division have been complied											
with and that the knowledge and	e information			plete to the best of				NSERVAT		SION	
Signature: -	1-00		Kin	in		Approved b	y: <u>Covie</u> 1917	<u>er v statu</u> <u>er v statu</u>			
Title: Approval Date:											
Date: Owner Difference Difference											
4 If this is a c	hange of ope	erator fill in the		mber and name o	f the previ	ous operator					
	Previous (Operator Signa	ture			Printed I	Name		Title	Date	
L											

District i 1990 PO Box 1990, Hobbs, N District II 611 South 1st Artesia I	State Of New Maxico Energy, Minerals and Natural Resources Department						Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropria to District Office						
District III													
1000 Rio Bravos Rd. Aziec, NM 67401 2040 South F District IV Santa Fe, NM							Pacheco					ED REPORT	
2040 South Pacheco, Santa Fe NM 87505													
[REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT 1. Operator name and Address 2. CORID Number 2. CORID Number												
Eunice Well Servicing Company, Inc.											00762	2	
P. O. Box 1889									3. Reason for Filing Code				
Eunice, New Mexico 88231 Grief CH, Effective 10/31/97													
4. API Number5. Pool Name6. Pool Code30-041-20311Bluitt SA Association06880													
7. Property Code 8. Property N						Name				9. Well Number			
	22118 Light #1												
Utorlot no. Section	Township		ON Lot. Idn.	Feetfi	rom the	North	VSouth Line	Feet from	n the	East/West L	<u>ne</u>	County	
l 15	08S	37E		19	80	S	outh	66	0	East		Roosevelt	
11. BC	ttom I		Ocatio	••	om the	North	South Line	Feet from	-				
l 15	08S	37E		19			outh	66	-	EastWest Li East	ne	County Roosevelt	
12 Les Code 13 Producing Mar	thed Code		14. 0 ar Consents 11/17/		15.C-129	Permit Number		14 C-129 Bilbeti	w Deb	·	17. C-129 Empiors		
	ind Ga	as Trar						<u> </u>	···· ,			· · · · ·	
18 Transporter OGRID		19 Tr	aneporter N and Addre	ame		1	20 PCD 21 O/G			22 POD ULSTR Location			
015694	NAVAJO P. O. BO	REFINING			<u> </u>		11/7110			and Description			
0.0004		A, NEW ME	XICO 8821	1		1147110 o			0	I15-08S-37E			
024650			EUM COM	PANY	·····	1147030 G							
024050	024650 P. O. BOX 4777 HOUSTON, TEXAS 77210-4777						1147030		G	I-15-08S-37E			
			i.										
			<u> </u>								·		
IV. Produced	d Wate	 P r											
23 POD	- 0				24 POD UL	STR Locatio	n and Descri	ption					
114705		- Data	·										
V. Well Completion Data 25 Spud Date 26 Ready Date					27 TD 28 PBTD			סדו	29 Perfora for		30 DHC, DCMC		
31 Hole Size)			32 Casing a	& Tubing Siz	8	<u> </u>	33 Depth	Set		24	Sacks Cement	
									·····				
											<u> </u>		
VI. Well Test 35 Date New			6 Gas Dellv		1	97 T+ P							
SS DATE NEW		3		ery Lians		37 Teet Detr		38 Test Le	ength	39 Tog. Pressu	Ji O	40 Cag. Pressure	
41 Choke S	ize	·····	42 Oil			43 Water		44 Ga	8	45 AOF		46 Test Method	
I hereby certify that	the rules of (Oll Conserva	tion Division	have beer			I			<u> </u>			
with and that the inform knowledge and belief.	nation given	above is true	e and comp	lete to the t	beet my								
Signa tura:	[]	nte	5				Approved		RIGINA	SIGNED P	у СНыв	WILLIAMS	
Printed Name: Printed Name: DISTRICT T SUPERVISOR													
Leon	EXT SYFELD												
OWNER													
Date:	_ Ģ.	7		Phone:	0.0	20							
47 if the is a change of operator fill in the pORID number and name of the previous opera tor													
Charles J. K		1 Pa	40.70	lear			Heard			Agent		11/17/97	
Previous Operator Signature () Printed Name Title Date Ogrid #4195													

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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 bar arral.

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**

3.

4.

- 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 (include the effective date.)

 AO
 Add oil/condensate transporter

 CO
 Change oil/condensate transporter

 CG
 Change oil/condensate transporter

 CG
 Change 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.
 - 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
- 7. The property code for this completion
- The property name (well name) for this completion 8.
- 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.
- The bottom hole location of this completion 11.
- Lease code from the following table: F Federal 12.

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- Federal State Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: F Flowing 13. Flowing Pumping or other artificial lift
- 14. MO/DA/YR that this completion was first connected to a
- The permit number from the District approved C-129 for this completion 15.
- 16. 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 18
 - 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: O Uil G Gas ()ii Gas
 - The ULETR location of this POD if it is different from the well completion location and a short description of the POD (Exemple: "Battery A", "Jones CPD",etc.) 22.
 - The PDD number of the storage from which water is moved from this property. If this is a new well or recompletion and this PDD has an 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 Tunk", 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
 - Plugback vertical depth 28.
 - Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
 - Write in 'DHC' if this completion is downhole commingled with enother completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore. 30.

- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- 34 Number of sacks of cement used per casing string

If 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.

- 35. MO/DA/YR that new oil was first produced
- 36. MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed 37.
- 38. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choice used in the test 42. Barrels of all produced during the test
- 43. Barrels of water produced during the test
- 44. MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- 46. The method used to test the well:

F	Flowing
P	Pumping Swabbing
S Hant	Swabbing
πστη	er 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 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 48.

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