District I PO Box 1980, Hobbs, NM \$8241-1980 State of New Mexico

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

District II PO Drawer DD, Artesia, NM 88211-0719

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

☐ AMENDED REPORT

1000 Rio Brazos Rd., Aztec, NM 87410

District	IV		

District III

P	O Box 2008, Santa Fe, NM 87504-2008	• *	
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Operator name and Address OGRID Number													
Floyd Operating Company									007943				
711 Louisiana Suite 1740									Reason for Filing Code				
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IV. Prod	uced W	ater			***	******	*******	**************************************	<u>. </u>				
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VI. Well	Test D	ata	1										
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with and that	"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 OIL CONSERVATION DIVISION												
1 -	knowledge and belief.												
Signature: Approved by:													
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Tide: Manager of Production						Appr	oval Date:		JAN 69				
The same of the sa													
Date: 1/2/96 Phone: 7/3/222-6275 7 If this is a change of operator fill in the OGRID number and name of the previous operator													
	_	-							T	reside	ont	12/20/95	
BISON PETROLEUM CORPORATION By: Bruce O. Barthel President 120195 Previous Operator Signature Previous Operator Signature Date													
OGRID-	-002424	L	Sn	es ()	3	The							
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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 PGIA 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 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 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 volume requested)

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

4. The API number of this well

The name of the pool for this completion

6.5 The pool code for this pool

5.

13.

7. The property code for this completion

8. The property name (well name) for this completion

9. The well number for this completion

The surface location of this completion NOTE: 10. 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

Lease code from the following table: 12.

F S P

Federal
State
Foe
Jicarilla
Navajo
Ute Mountain Ute
Other Indian Tribe

The producing method code from the following table: Flowing Pumping or other artificial lift

MO/DA/YR that this completion was first connected to a 14. gas transporter

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 17.

18. The gas or oil transporter's OGRID number

19. Name and address of the transporter of the product

20. 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:
O Oil
G Gas 21.

18000

ij, ij

T' e ULGTR 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.) 27.

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 UESTR 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

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

33. 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.

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 wall calculated absolute open flow in MCF/D

The method used to test the well: 45. 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.

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.