amergy, insustrate or instalral Resources Department

Revised February 10, 1994 Instructions on back

20 Drawer DD, Artesia, NM 88211-0719

District III

003292

O... CONSERVATION DIVISION PO Box 2088

Submit to Appropriate District Office 5 Copies

1 000 Rio Brazos District IV				Santa	Fe, NM	87504	-2088			. [7 AMI	ENDED REPORT	
PO BOX 2008, SAMA FG., NM 87504-2008 I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT													
			Operator natural DCTION, I	cas				45	' ogr i 519	ID Numb	ber		
HOBB			i				or Filing						
• 4	.PI Number				· · · · · · · · · · · · · · · · · · ·	Pool Name			CH EFFEC	TIVE		1./94 Pool Code	
30 - 0 05-0	00911		CAPROCK OUEEN									3559	
' Pr	roperty Code	,	• Property Name FEDERAL V						•			Vell Number	
	15921 Surface	Location										2	
Ul or lot no.	Section	Township	Range	lot.ldn	Feet from	the	North/So	uth Line	Feet from the	East/W	cst line	County	
0 11 1	34	13S	31E	660			s		1980	E		CHAVES	
UL or lot no.	Bottom]	Hole Loc					North/So	auth line	Feet from the	East/W	line	County	
0	34	13s	31E		660	-	s		1980	E		CHAVES	
" Lee Code F		ng Method C	ode 14 Ges	Connection D		-129 Perm	it Number	34	C-129 Effective I	Date	" C·	129 Expiration Date	
		Transpor		/A					- 				
Transport	rter		Transporter I and Addres			²⁴ PO	D	31 O/G	i i	POD UI	LSTR La		
01569	OA NAV.		INING CO			11550	010	0	UNIT O SE				
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22 628	8 7	NM			11		11			 -			
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			V-2000			X	X W						
IV. Produ	uced Wa								 				
	POD	ILEI		 	1	POD UI	STR Local	lion and D)escription				
V. Well (Complet	ian Date			**************************************								
	V. Well Completion Dat					" TD			и рето	- T	1	Perforations	
:	" Hole Size										 -		
- Hole Size				Casing & Tub	-		Depth Se	<u> </u>		33 Saci	ks Cement		

447.19	= . D.												
VI. Well Test Data "Date New Oil Gas"			Delivery Date N Test Date				n Test Lei	neth	H Thg. Pressure H Cig.			M Cig. Pressure	
			·				_						
" Choke Size			4 OU		4 Water		⁴ Gu		4 AOF			4 Test Method	
"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												ION	
knowledge and Signature:	belief. 1 Ln	ADÜ	le.			Approved by: CONCORAL SIGNED BY							
Printed name:	<u> </u>	1100			Title:								
Laren Holler Tide: Agent						Approval Date: NAV C 4 1994							
Date: 11/2/94 Phone: (505) 393-2727 ## If this is a change of operator fill in the OORID number and name of the previous operator													
					me of the previ	-		INCY	OPERATO	מו	11-1	l-94	
		Operator Sign					ad Name	21121	Of Brusse	//\) J-3	

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 completion.

improperly filled out or incomplete forms may be returned to operators unapproved.

- 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.
- Reason for filing code from the following table: NW New Well 3. NW New Well
 RC Recompletion
 CH Change of Operator
 AO Add cil/condensate transporter
 CO Change cil/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.

- The API number of this well 4
- The name of the pool for this completion
- The pool code for this pool 6.
- 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: 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: 12. Federal State Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table:

 F Flowing
 P Pumping or other artificial lift 13.
- 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.
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this completion 17.
- The gas or oil transporter's OGRID number 18.
- 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 Tank", etc.) 24.
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well 27.
- Plusback vertical depth 28.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- inside diameter of the well bore 30.
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- 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.

- MO/DA/YR that new oil was first produced 34.
- MO/DA/YR that gas was first produced into a pipeline 35.
- MO/DA/YR that the following test was completed 36.
- Length in hours of the test 37.
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- Diameter of the choke used in the test 40.
- Barrels of oil produced during the test
- Barrels of water produced during the test 42.
- MCF of gas produced during the test 43.
- Gas well calculated absolute open flow in MCF/D 44.
- The method used to test the well: 45. Flowing Pumping Swabbin S 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.

Section 1 AND ENDER 05.708