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amerky, mucrais at Natural Mesources Department

Revised February 10, 1994 Instructions on back

NO Drawer DD, Artesla, NM \$8211-8719

District III 000 Rie Brazes Natrict IV	Rd., Aziec,	NM 87410	PO Box 2088 Santa Fe, NM 87504-2088					Submit to Appropriate District Office 5 Copies AMENDED REPORT						
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			Operator na	me and Address		JAU	THUKI	ZA I	ION TO TI		D Numb			
CIRCLE RIDGE PRODUCTION, INC. PO BOX 755							4519							
HOBBS, NM 88241											Reason for Filing Code			
					.				CH EFFE	CTIVE	07/03	1/94		
	PI Number		⁴ Pool Name						⁴ Pool Code					
30 - 005-00984			CAPROCK QUEEN						8559					
Property Code			Property Name TRIGG FEDERAL						• Well Number			di Number		
	5920										15			
U or lot no.		Location			18.4					T		<u>-</u>		
	Section	Township	Range	Lot.Idn	Feet from t	be	North/Sout	h Line		East/West line		County		
G 11 1	04	14S	31E		1990		N		1980	E		CHAVES		
		Hole Loc		r 	1	the North/South E				τ	East/West line County			
UL or lot no.		Towaship	Range	Lot Ida	Feet from	the		th line	Feet from the	East/W	est line	County		
G 11 Lee Code	04	14S	31E	Connection Dat	1990	30 D	N It Number		1980 " C-129 Effective	E	701	CHAVES 29 Expiration Date		
126 COM		-		CORRECTION DE		17 Ferm	It Mamper		C-113 Ellective	here		133 Experance Date		
III. Oil a	PUMP)	ING Transpo r	 tere		l			1			ļ			
Transpor			Transporter	Name	··	" PO	n l	" O/G	1	n POD U	ISTR LA	cation		
OGRID		and Address				100 0/0			and Description					
015694	NA	NAVAJO REFINING CO. /					10	0	UNIT G SEC. 9 T14S, R31E					
MAN ALL VI	PC	BOX 159	•	,	1.334	60 707			0		7 1131	/ KOIL /		
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Tiote		•	34 Casing & Tubin		8 3122		Delva 2							
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VI. Well Test Data)ale "Test Length									
Date New Oil Gas			Delivery Date M Test Date					M Thg. Pressure			" Cig. Pressure			
4 Choke Size			4 0 1				**************************************				_			
		4 OII			4 Water		⁴ Gu		" AOF		4 Test Method			
							للمجيد عدو	-						
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Signature: All Millie						Approved by: Orig. Signed by								
Printed name:	Laren H	oller			Title: Feel Kentz Geologiet									
Tile: Agent							Approval Date:							
Date: 11/2/94 Phone:(505) 393-2727						4.2								
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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 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 fluie 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.
- 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 requested) ransporter test allowable (Include volume requested)
If for any other reason write that reason in this box.

- The API number of this well 4.
- 5. The name of the pool for this completion
- €. 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: 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 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. completion
- 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: "Bettery 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
- Plugback vertical depth 28.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. Incide diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a sasing liner show top and battom. 32.
- 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
- 35. 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,
- Diameter of the choke used in the test 40.
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43. 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:

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.

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