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District II

20 Drawer DD, Artesia, NM 88211-0719 District III

Revised repruary 10, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

IL CONSERVATION DIVISION PO Box 2088

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O Box 2088, Se		EQUEST		LLOWAE		D AUTI	HORIZA	NOIT	TO TR		ORT		
* Operator name and Address CIRCLE RIDGE PRODUCTION, INC.								4	<sup>1</sup> OGRID Number 4519				
PO BOX 755 HOBBS, NM 88241							СН	Reason for Filing Code  CH EFFECTIVE 07/01/94					
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VI. Well	Test D	ata	<u> </u>		·····							<del></del>	
	New Oil		livery Date	μΥ	est Date	27 Test Length			M Tbg. Pressure		30 Cag. Pressure		
" Choke Size		44	Oil	4 Water		⊕ Gы			4 AOF		4 Test Method		
with and that the knowledge and	the informatio	rules of the Oil ( on given above (	Conservation true and con	Division have be aplets to the bea	een complied it of my		OIL	CONSE	RVAT	ION D	IVIS	ION	
Signature:	all	- ZK	UL.			Approved b	· Oalak	Signed b	y				
Printed name:  Laren Holler					<del></del>	Caologist							
	Agent	<del></del> :	Phone: /	505) 393-	.2727	Approval Date:							
	11/2/94 change of 9			umber and nan	<del>,</del>	ious operator							
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		Operator Sign				Printed	Name			Ti	Lie	Date	
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## New Mexico Oil Conservation Division

## 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.

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 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 6.
- 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
- Lease code from the following table: 12.

Federal State Fee Jicarilla

SP

Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table: F Flowing Pumping or other artificial lift 13.

- MO/DA/YR that this completion was first connected to a gas transporter 14.
- 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 17.
- 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.
- 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.
- 26. MO/DA/YR this completion was ready to produce
- Total vertical depth of the well 27.
- 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
- Depth of casing and tubing. If a casing liner show top and bottom. 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
- 44. Gas well calculated absolute open flow in MCF/D
- The method used to test the well: 45.

F Flowing
P Pumping
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