District I PO Box 1980, Hobbs, NM 88241-1980 State of New Mexico
Lucry, Minerals & Natural Resources Department

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
District III
1000 Rio Branes Rd., Antec, NM 87410

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

istrict IV	·			Santa P	e, NM o	1304-2	U00				AME	NDED REPORT	
O Bez 2088, Se	inta Fe, NM RE	<b>87504-2008</b> EOUEST 1	FOR AI	LOWAB	LE AND	AUTI	HORIZ	ZATI	ON TO TR	ANSP	ORT		
·-	,0			1 OGRU					er				
CIRCLE RIDGE PRODUCTION, INC. C/O Oil Reports & Gas Services, Inc.							<u></u>				4519 Resear for Filing Code		
P. O. I							•						
Hobbs,	cico 8824	¹ Po	ol Name					NW ' Pool Code					
30 - 005-			CAPROCK QUEEN								08559		
1 Property Code			¹ Prope				erty Name			' Well Number			
002788 DRICKEY QUEEN SAND T							UNIT 144						
I. 10 Surface Location							e North/South Line Feet from the				East/West line County		
	35	135	31E		1300		North		1340	East		Chaves	
B 11 ]		Hole Loca			1300		HOLL		1340				
UL or lot me.		Township	Range	Let Ida	Feet from t	the ?	North/South Lac		Feet from the	East/We	et line	County	
В	35	13S	31E	<del>-</del>	1300		North		1340	East		Chaves 129 Expiration Date	
12 Lee Code	l	ducing Method Code Gas Connection Date C-129 Permit Numb		10der	"	" C-129 Effective Date " C-129 Expiration Date							
S III Oil o		(SI)						<u> </u>		<u></u> 1			
III. Oil and Gas Tr			POLICIS  19 Transporter Name			" POD			2 POD ULSTR Location				
OGRID			and Address						and D	escripti	08		
034019			ips Petroleum 074				na ana ana	0					
The said the said	Bar	rtlesvil	sville, Oklahoma									<del></del>	
By San Commen			Sees										
nichtanie com	September 18				- simuse	ence a etico escala e							
Market park and	12.6.4.1 <b>4</b>				30800								
IV. Produced Water													
	POD				и	POD ULS	TR Locatio	I bas se	Description				
	<u> </u>	tion Date					<del></del>					· ·	
V. Well Completion Data  "Spud Date "Ready Date"							" TD " PETD 3026-32 3050.56						
9/24/94			10/12/94 320			)				3036-40 3050-56			
M Hole Size			N Casing & Tubing Size				<sup>36</sup> Depth Set			* Sacks Cement			
12 ½			8 5/8			358				220 sx			
	7 7/8			5 ½			3150				60	00 sx	
			2 7/8			3000							
	1 Test D					<del></del>	T. 4 I	-4b	I N The I	Dances to		<sup>36</sup> Cag, Pressure	
<b>I</b>	<sup>M</sup> Date New Oil M ( 10/12/94		divery Date	_	* Test Date 10/16/94		7 Test Length 24 Hrs		<sup>34</sup> Tbg. Pressure O			0	
" Choke Size		N/A	4 01		4 Water		● Gw		" AOF		_	4 Test Method	
	None		5.1		00	0			N/A			Pilmp	
46 1 hereby ce	ruly that the	rules of the Oil	Conservation	Division have b	oca complied			T CC	NSERVAT		זעו	SION	
knowledge at		OR SIVER SHOVE I		mplete to the bea	a or my								
Signature: Quen Holle							Approved by ORIGINAL SIGNED BY JERRY SEXTON						
Printed name: LAREN HOLLER							Title: E.J. ALCT I SOPERVISOR						
Title: AGENT							Date:	MAR	3 0 1995				
Date:	3,23,733												
" If this is a	change of o	perator (III in t	e OGRID	umber and nam	ne of the prev	ious operat	or						
<b> </b>	Dendan	Operator Sign	alurė			Printe	d Name	<del></del>		1	Title	Date	
11	T LEASON	. whereas and a											

## 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 ell 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: 3.

RC CHO CO AG CRT

or filing code from the following table:
New Well
Recompletion
Change of Operator
Add eli/condensate transporter
Change oil/condensate transporter
Add gas transporter
Change gas transporter
Request for test allowable (Include volume request for test anomable (include vor requested)
If for any other reason write that reason in this box.

- 4. The API number of this well
- Б. The name of the pool for this completion
- 6. The neel code for this neel
- 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: 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
  S State
  P Fee
  J Jicarilla 12.

SPJNU

Navajo Ute Mountain Ute Other Indian Tribe

- 13.
  - The producing method code from the following table: F Flowing Pumping or other artificial lift
- $\ensuremath{\mathsf{MO/DA/YR}}$  that this completion was first connected to a gas transporter 14.
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- 17. MO/DA/YR of the expiration of C-129 approval for this
- 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 essign 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 (Exemple: "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
- 28. Plugback vertical depth
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner shew top and 32.
- 33. Number of sacks of cement used per casing string

The following test date 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.
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DAYR 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
- Gas well calculated absolute open flow in MC#/D 44.
- 45. The method used to test the well:

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 regresentative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.

