District I PO Box 1960, Hobbs, NM \$8241-1960 District II			1	State of New Mexico Energy, Minerals & Natural Resources Department				Form C-104 Revised February 10, 1994 Instructions on back			
NO Drawer DD, Artesia, NM \$\$211-0719 District III			0	OIL CONSERVATION DIVISIO PO Box 2088							
1000 Rio Brazze Rd., Aztec, NM 87410 District IV				Santa Fe, NM 87504				AMENDED REPORT			
PO Box 2008, Santa Fe, NM \$7504-2008 I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT											
		· · · · · ·	Operator and	ne and Address		<u> </u>	<sup>3</sup> OGRID Number				
		CTION, IN GAS SERVI		C. CES, INC.				004519			
P. O.	Box 75	5		241-0755				<sup>3</sup> Reason for Filing Code			
	PI Number		0241-075	* Pool Name					NW ' Pool Code		
30-005-21135				CAPROCK QUEEN					08559		
' Property Code			' Property Name					' Well Number			
II. <sup>10</sup> Surface Location			<u> </u>	DRICKEY QUEEN SAND UNIT					147		
Ul er lot ao.	Section	Towaship	Range	Lot.Ida	Feet from	the Nor	th/South Line	Fost from the	East/West line	County	
E			31E 1454			North		330'	West Chaves		
<sup>11</sup> Bottom Hole Location											
E	UL or lot no. Section Townshi E 11 14S				Feet from 1454		rth/South line lorth	Feet from the	East/West line County		
<sup>12</sup> Lac Code		ng Method (		Connection Date		129 Permit Nu		" C-129 Effective 1	West	Chaves	
S	Р										
	nd Gas										
"Transporter OGRID			<sup>19</sup> Transporter Name and Address			и род	<sup>34</sup> POD <sup>14</sup> O/G		<sup>22</sup> POD ULSTR Location and Description		
03401	9 Ph	illips	Petroleu	lm	0	742510	0				
Bartlesville, Oklahoma											
IV. Produced Water											
	POD	ater				POD ULSTR	Location and	Description		·	
	550										
V. Well							·				
	pud Date C		<sup>34</sup> Ready D	11 125			" TD			<sup>29</sup> Perforations	
12/12/94 ** Hole Size			10/10/95 315 " Casing & Tubing Size			0 <sup>22</sup> Depth Se				3052-64 "Sacks Cement	
12 1/4				8 5/8			385		250 sx		
7 7/8			5 <sup>1</sup> / <sub>2</sub>			3132			400 sx		
			2 7/8			3024			400	<u>, sx</u>	
		·								· · · · · · · · · · · · · · · · · · ·	
	Test D										
			Delivery Date			<sup>34</sup> Test Length		<sup>14</sup> Tbg, P	ressure	<sup>30</sup> Cag. Pressure	
	1/10/95 ** Choke Size				2/95 Water			0	25	0 ** Test Method	
None			20			0					
" I bereby ce	tify that the s	ules of the O	il Conservation	Division have been	a complied					Pump	
with and that the information given above is true and complete to the best of my knowledge and bellef Signature:							Approved by CARONED BY JERRY SEXTOR				
Printed marne: LAREN HOLLER						Title:					
Tide: AGENT						Approval Date: MAR A 1395					
Date: 3/29/95 Phone: (505) 393-2727											
" If this is a	change of o	perator fill L	the OGRID at	umber and name	of the prev	ious operator					
	Previous	Operator Si	gaiure			Printed N	1 me		Title	Date	
							- 45 4		1146	D'AUE	

(- - - E - - - E

## 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, N, N, N, N, 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 ۱.

3.

- 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 RC Recompletion CH Change of Operator AO Add oil/condensate transporter CO Change oil/condensate transporter AG Add gas transporter CG Change gas transporter CA Change gas transporter CA Change to the test of test of the test of tes

    - NW RC CH AO CO AG CG RT 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
- 6. The pool code for this pool
- 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.
- 11. The bottom hole location of this completion
- Lease code from the following table: 12.

S P J

- Federal State Fee Jicarilla
- Ň
- 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. 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. ompletic
- 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 Con 21. Gas

- 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 24. well comple (Example: Tank",etc.)
- MO/DA/YR drilling commenced 25.
- 26. MO/DA/YR this completion was ready to produce
- 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. inside diameter of the well bore
- Outside diameter of the casing and tubing 31.
- 32. Depth of casing and tubing. If a casing liner show top and bottom.
- 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.

- 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 38.
- 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
- Barrels of oil produced during the test 41.
- 42. Barrels of water produced during the test
- 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: F Flowing P Pumping S Swabbing 45.

  - 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.