## State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office

OIL CONSERVATION DIVISION

District I PO Box 1980, Hobbs, NM 88241-1980 District II 811 South First, Artesia, NM 88210

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000 Rio Brazos Rd., Aziec. NM 87410 Santa Fe, NM 87505 District IV											AME	NDED REPO	RT,	
040 South Pach	neco, Santa i	FE, NM 87505	FOR AI	LOWAR	IE AN	D AU	THOR	[7.AT]	ON TO TR	ANSP	ORT			
•				e and Address		2 110	111010				Numbe	ž		
DWIGHT A. TIPTON							006550				·			
P. O. BOX 1597							<sup>3</sup> Reason for Filing Code							
L0	VINGTON,	, NEW MEXIC	:0 88260		CH EFFECTIVE OCTOBER 1, 1996									
<sup>4</sup> API Number <sup>5</sup> P						Pool Name	ool Name				* Pool Code			
30 - 0 25-30180			KING; WOLFCAMP							36100				
' Pr	operty Code	•	* Property Name						' Well Number					
$\frac{1}{1}$ $\frac{10}{10}$	740	T 4'	HUBER LOWE								1			
I. 10 Surface Location Ul or lot no.   Section   Township							North/So	uth Line	Feet from the	East/W	est line	County		
м 19		135	38E		660		SOUTH		660	WE	1	LEA	1	
11 Bottom Hole Lo			reation						L					
		Township				from the North/South line			Feet from the	East/W	est line	County		
		;	•										l	
12 Lse Code	13 Produc	ing Method Co	de 14 Gas	Connection Dat	e 15 C	-129 Perm	it Number		C-129 Effective	Date	" C-	129 Expiration D	ate	
Р	Shu	x+. I	<u> </u>											
III. Oil and Gas Transporters														
Transporter OGRID		<sup>19</sup> Transporter Name and Address				31 O/G			POD ULSTR Location					
									ISSUE NEW	ISSUE NEW POD NO. FOR NEW OPERATOR				
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oggica grander en en en en en en en en							CONTRACTOR AND							
IV. Produced Water "POD ULSTR Location and Description														
	POD					~ POD U	LSTR Loca	tion and	Description					
V. Well	Comple	tion Data		<del></del>										
	d Date		Ready Date		" TD	<del></del>	» PE	TD	" Perfor	etions	<del></del> -	» DHC, DC,MC		
<b>5,</b> 22 2 2 3 3														
31 Hole Size		e	<sup>11</sup> Casing & Tubing Size			13 Depth S			Set	- 1	> Sec	ks Cement		
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	<del></del>		1			_	·							
	<u> </u>										······			
VI. Well	Test D	ata	<u> </u>											
	New Oil		elivery Date	" Te	est Date		" Test L	ength	· * Tbg. 1	Pressure	т	* Csg. Pressure		
			·									maring.	•	
, .41. Chol	ke Size	1	4 Oil 4 M		Vater		" Gas		4 AOF			" Test Method		
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knowledge and		on given above	u uuc aan con	apiece w uie oesi	i or my		U	IL CO	ONSERVAT	I NOI	DIAIS	SION		
Signature: Suight A. Tinto							Approved by: ORIGINAL STRUCTS BY SECTOM SEXTOM							
Printed name: DMIGHT A. TIPTON							Title: Decretor Some Troops							
Title: OWNER							Approval Date:							
Date:	остов	ER 28, 199	6 Phone: (	505) 396-2	114		·····		1111	1	<u></u>			
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		Operator Sign	inture			Pric	ited Name				l'itle	Da	te	
I! MARA	LU, INC.	OGRID # 0	/1400/											

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.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator (Include the effective date.)

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
- 5. The name of the pool for this completion
- 6. 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.
- 11. The bottom hole location of this completion
- 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 Howing
  P Purpoing or other amificial life 13. Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14. gas transporter
- 15. The permit number from the District approved C-129 for this completion
- 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.
- 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 gransporter. 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.
- 21. Product code from the following table:
  O Oil
  G 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.
- 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
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Write in 'DHC' if this completion is downhole commin with another completion, 'DC' if this completion is on two non-commingled completions in this well bore, or 'if there are more than three non-commingled completion this well bore. 30.

- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 33
- 34. Number of sacks of cement used per casing string

If 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.

- 35. MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline 36.
- 37. MO/DA/YR that the following test was completed
- 38. Length in hours of the test
- 39. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- 44. MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- 46. 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 47.
- 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 48.

