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

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

District II 811 South First, Artesia, NM 88210

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM, 87505 Submit to Appropriate District Office 5 Copies

District III 1000 Rio Brazos Rd., Aztec, NM 87410

Previous Operator Signature

1000 Rio Brazos District IV				Sai	nta F	e, NN	/1 8/S	505			X] AME	ENDED REPORT	
2040 South Pack I.	neco, Santa I R	EQUEST	FOR A	LLOWA	BLE	AND	AU'	THORI	ZATI	ON TO TR	ANSI	PORT		
Operator name and Address AVIARA ENERGY CORPORATION										² OGRID Number 153962				
P O BOX 1350 ONE RIVERWAY HOUSTON TX 77251-1350								100301				Reason for Filing Code		
HOUSTON IN TIEST 1000											CG - 7-1-98			
'A	Danalo	Pool Name						* Pool Code 59870						
30 - 0 25-31622 Property Code			Tres Papalotes Penn				perty Name				' Well Number			
193	-) ₁	New Mexico State									1		
II. 10 Surface Location							he North/South Line			Feet from the	L Kast (1)	East/West line County		
Ul or lot no.	Ul or lot no. Section G 32		Range 34E	Lot.Idn	G 1980			North		1980	East		Lea	
11 Bottom Hole L		14§ Hole Loca		u	<u> </u>		1300			1300				
UL or lot no. Section		Township	Range	Lot Idn	Fe	Feet from the		North/South line		Feet from the	East/West line		County	
	13			C	nection Date 15		9 Permit Number		i	C-129 Effective	Date 17.C		129 Expiration Date	
" Lse Code	¹² Lse Code '' Producir		od Code Gas Conn		1		-816)2-02-93			03-15-93	
III. Oil a	nd Gas '	Transport	ers						<u></u>	·		·		
" Transpor	ter	19 -	¹⁹ Transporter Name and Address			20 PC		D	²¹ O/G	²² POD ULSTR Location and Description;				
		Amoco Pi	ICT	. 7		64610		0	G, Sec. 32, T14S, R34E		R34E			
			02 N. West Avenue											
24650	Dy	negy Mid	egy Midstream Servi			7646)	G	G, Sec, 3		32, T14S,R34E		
1000 Los			artnership siana Suite 5800											
Houston, TX., 77002-5050									***********					
							-						•	
	iced Wa	iter												
764650	POD	G. S	ec. 32.	, T14S,	R34E		OD UL	STR Locati	on and l	Description	•			
V. Well	Complet		-	, ,										
28 Spuc			26 Ready Date		27 TD		28 PBTD		D	29 Perfora	tions MDHC, DC,MC		* DHC, DC,MC	
	31 Hole Size	J	32 Cooing R				<u> </u>	33 Depth Se		<u> </u>		34 Sacks Cement		
noie size			32 Casing & Tubing Size				Беры зе					- Saci	is centin	
	***************************************										<u> </u>			
VI. Well 33 Date N	Test Da		linem Data	37	Tost Do		1	34 Test I on		39 Tha D		- 1	44 Csg. Pressure	
Date	iew Oil	- Gas De	Delivery Date 17 Test Date				34 Test Length			" Tbg. Pressure " (Csg. Fressure		
41 Choke Size		⁴² Oil			43 Water		44 Gas		45 AOF			4 Test Method		
						15				<u>İ</u>				
E .	les of the Oil C given above is		. 1	OIL CONSERVATION DIVISION										
knowledge and Signature:		· 0:	. h .				Approved by: OFIGINAL SIGNED BY							
Signature: Agnes Cinek Printed name: Agnes Cinek								GARY WINK Title: FIELD REP 1(
Agnes Cinek Title: Agent -							Approval Date:							
Date: 9/2	1/98		Phone: (214) 88	0- <u>8</u> 8	53			<u></u>					
44 If this is a	hange of op	erator fill in th	e OGRID ni	ımber and na	me of t	the previo	us oper	ator						

Printed Name

Title

Date

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 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

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 (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) requested)

If for any other reason write that reason in this box.

- 4 The API number of this well
- The name of the pool for this completion 5.
- 6. The pool code for this pool
- 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. If the
- 11. The bottom hole location of this completion
- Lease code from the following table:

S

N N

- de from the follow 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.

- $\ensuremath{\mathsf{MO/DA/YR}}$ 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.
- MO/DA/YR of the expiration of C-129 approval for this 17. completion
- 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

- 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.
- 23. The POD number of the storage from which water is moved from this property. If this is a new well or recomplation 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.
- MO/DA/YR drilling commenced 25.
- 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 commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore. 30.

- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and
- 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.

- 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.
- 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
- Barrels of oil produced during the test 42.
- 43. Barrels of water produced during the test
- 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.