District I PO Box 1980, Hobbs, NM \$2241-1980

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 Revised February 21, 1994

District []

Instructions on back

PO Drawer DD, Artesia, NM \$2211-0719 District III				OIL CONSERVATION DIVISION PO Box 2088					Submit to Appropriate District Office 5 Copies					
1000 Rio Brazos Rd., Aztec, NM \$7410 District IV				Santa Fe, NM 87504-2088								•		
PO Box 2001	I, Santa F	e, NM 87	504-2088									AMEND	ED REPORT	
Ι		REC					AND A	JTHOR	IZAT	ION TO T	RANSPO	ORT		
		•		•	me and Addres	LS					OCRID	Number	-	
			& Sto		/ 76450					002175				
۲.	O. RO	X 124	u, ura	nam, 17	76450					' Reason for Filing Code				
				<u> </u>		•				1111				
* API Number 30 - 0 25-32859				Gladiola Devonian						_	Pool (lode (1)		
	Property								'Well Number					
165		Cooe		'Property Name Kinsolving "7"							-2-	ı mber		
		ce I o	cation											
Ul or lot se			owaship	Range	Lot.Ida	Fee	t from the	North/So	uth Line	Feet from the	East/West	line	County	
В	1 0	07 12S		38E		100		North		2075 East		L	ea	
l			le Loca		<u> </u>	-		1	·		1			
UL or lot			Township	Range	Lot Ida	Fee	rt from the	North/So	outh line	Feet from the	East/West	line	County	
В		07 128		38E			100 Nort		h 2075		East	East Lea		
12 Lee Code 12 Producing Method C		Viethod Cod		Connection Date		" C-129 Peru	C-129 Permit Number		C-129 Effective Date 17 C-129 Expir		miration Date			
Р		F			Conn.			•						
III. Oil		ias Tr		Cransporter	Name -		2º PC	\n	11 O/G	· · · · · · · · · · · · · · · · · · ·	1 pop 17 m			
Transporter "OGRID			<u> </u>	and Address			100 0/0		²² POD ULSTR Location and Description					
l l		•	peline Co.			2814794 0			B 07 129	38E				
			•		rucking	v								
				793	<u>11and, T</u> 36-3914		······································		Verning.			· · · · · · · · · · · · · · · · · · ·		
	¥-				IUST NOT	BE		÷ .						
		FLAF	NED AFT	ER	-3 Y) 467	Δ	900 x 10, 12		·				
		UNK	ess an Btaine	D EXCENI	ION TO R	· 中型 /								
		15 0	(217)11E				······································	maga serence cont.		_				
					-				-					
IV. Pro	oduced	Wate	r			•	ALL WOLLS	and the second of	error access					
. , .	" POD						" POD U	LSTR Local	bas soi	Description				
V. Wel	ll Com	pletio	n Data				***				· · · · · · · · · · · · · · · · · · ·			
15 Speed Date			T	³⁶ Ready Date			" TD	· · ·		* PBTD		P Perf	²⁰ Perforations	
2/28/95 4			4/	11,9			930	0 11,		930 11		,930-30 open h		
M Hole Size				31 Casing & Tubing Size				³³ Depth Set			3 Sacks Cement			
	1/4			13 3/8, 48#			#-	405			160 sx			
				8 5/8, 24# & 32#			#	4600			2100 sx			

Spud Date	M Ready Date	n TD	* PBTD	Perforations 11,930-30 open he **Sacks Compat	
2/28/95	4/19/95	11,930	11,930		
M Hole Size	31 Casing & Tu	bing Size	³³ Depth Set		
17 1/4	13 3/8, 48#		405	160 sx	
8 5/8, 24# &		& 32#	4600	2100 sx	
7_7/8	5 1/2, 17#		11,920	650 sx	
5 1/2 2 7/8			11,850		

VI. Well Test Data

Date New Oil	M Gas Delivery Date	h Test Date	" Test Length	* Tog. Pressure	²⁴ Cag. Pressure
4/19/95	N/A	4/19/95	12 hrs	400	0
** Choke Size 14/64	4 0il 82	Water 0	Gas O	N/A	" Test Method F

I bereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature:	OIL CONSERVATION DIVISION Approved by: OBIGINAL SIGNED BY JERRY SEXTON						
Printed name: Kim Ligon	Title: DISTRICT SUPERVISOR						
Tiuk: Regulatory Analyst	Approval Date: MAY 0.3 1935						
Date: 4/20/95 Phone: 817-549-0780							

New Mexico Oil Conservation Division C-104 Instructions

F 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.

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:

 NW New Well

 RC Recompletion

 CH Change of Operator

 AO Add oil/condensate transporter

 CO Change oil/condensate transporter

 AG Add ges transporter

 CG Change gas transporter

 RT Request for test allowable (Include volume requested)

 If for any other reason write that reason in this have 3

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
- 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:
 Federal
 S State
 P Fee
 J Jicarilla 12.

- Navajo Ute Mountain Ute Other Indian Tribe
- 13 The producing method code from the following table: Flowing
 Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 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 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.

en de Norde en 1890 e Norde en 1890

- 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.)
- 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.
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 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.
- 30. Inside diameter of the well bore
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and
- 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
- 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.
- 39. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 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
- 44. Gas well calculated absolute open flow in MCF/D
- 45. " The method used to test the well Flowing Pumping 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.

DECEME