# District I PO Box 1980, Hobbs, NM 82241-1980

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

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

### District II \$11 South First, Artesia, NM \$2210

2040 South Pacheco, Santa Fe, NM 87505

Previous Operator Signature

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

☐ AMENDED REPORT

5 Copies

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

2040 South Pact	reco, santa I R	EQUES	T FOR A	LLOWAB	LE AN	D AU	THORI:	ZATI	ON TO TR	RANS	SPORT			
Operator name and Address										<sup>2</sup> OGRID Number				
C. W. Trainer							. Water DINO			003474				
c/o Oil Reports & Gas Services Incell HAS BEEN PLANT 1008 W. Broadway  BESIGNATED FIGURE 15 TO							E COMPOS	ía.	•	3 Reason for Filing Code				
Hobbs, NM 88240 ROTHER THIS OFFICE.											NW			
<sup>4</sup> API Number							Pool Name				Pool Code			
30 - 0 25-3	·	Wildcat San Andres						1/2	152					
<sup>7</sup> Property Code 23838						roperty Name					* Well Number			
							Tower							
	<sup>10</sup> Surface Location					the North/South Line			E-st from the	the East/West line County				
Ul or lot no.	Section	Township	Range	Lot.ldn	Feet from	LDC			Feet from the	Lest	west mus	County		
M	23	12S 33E 925			South		990	W	est	Lea				
11 Bottom Hole Location														
UL or lot no.	Section	Township	Range	Lot Idn	Feet from	the North/South line		th line	Feet from the	East	West line	County		
M	23	125	33E		925		South		990		est	Lea		
12 Lae Code		ng Method (	Code Ges	Connection Dat	e   "C-	129 Permit	Number		C-129 Effective	Date	"C-	129 Expiration Date		
S	P	<del></del>		······································				<u> </u>						
III. Oil and Gas Transporters														
"Transporter OGRID		" Transporter Name and Address				" POD " O/G			22 POD ULSTR Location and Description					
		Namio Pofining Communi				2823067 O		M-23-12S-33E						
		_	ajo Refining Company O. Box 159					11 22	1,240	JJ11				
Carina de la careca	P P	rtesia,	NM 88211-0	159			Carrier D							
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9.0000	**********			<del></del>							<del></del>			
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V. Produced Water														
	POD		<del></del>		34	POD ULS	TR Locatio	n and I	Description					
282	23069													
V. Well C	Complet	ion Dat	a		<del></del>		··· · · · · · · · · · · · · · · · · ·							
<sup>18</sup> Spud Date			Ready Date		" TD		* PETD		> Perforations			" DHC, DC,MC		
8/12/00			9/16/00	4498 <b>*</b>			4477'		42881-44101 - SA		SA			
31 Hole Size			22 Casing & Tubing Size			35 Depth Se			d		<sup>™</sup> Sec	ks Cement		
11"			<b>8</b> /5/8"			8451			275 sx					
7 7/8"			5 1/2"			44981			400 sx					
<del></del>			17/			4250						ıΝ		
					<del>2/</del>	<del>- </del>	-/-		Town of a		· (a	<i>(</i> )		
/I. Well Test Data														
V 1. W C 11  Date N			Delivery Date	л т≃	st Date		Test Len	rth	» The D	-4	<del></del>	40 Cag. Pressure		
9/16/00				9/21/00			- Test Length 24		" Tbg. Pressure			es ricente		
41 Choke Size		41 Oil		4 Water			# Ges		4 AOF			* Test Method		
		11		ł .	14		0		AUF.			Jump		
<sup>47</sup> I hereby certi	fy that the ru	les of the Oi	l Conservation D									<del></del>		
with and that the information given above is true and complete to the best of my  OIL CONSERVATION DIVISION														
knowledge and   Signature:	The second	41	<i>'</i>			Approved	Approved by: OPHOD A CONTROL OF STREET MEDITIONS							
	1 Dry	e JY	rard			Fig. 1. The second of the seco								
Printed name: Gaye Heard							Title:							
Tide: Agent							Approval Date:							
Date: 9/26/00 Phone: 505-393-2727														
If this is a change of operator fill in the OGRID number and name of the previous operator														

Printed Name



Title

#### 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.

- 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 3.

NW RCH CAC CAC CAC

recompletion
Change of Operator (Include the effective data.)
Add oil/condensate transporter
Change oil/condensate transporter
Add gas transporter
Change gas transporter
Request for test allowable (Include volume requested) RT 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:
  F Federal
  S State 12.

  - Fee Jicarilla
  - N
  - Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: 13. Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14. gas transporter
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- 17. MO/DA/YR of the expiration of C-129 approval for this completion
  - The gas or oil transporter's OGRID number 18.
  - 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 20. office will assign a number and write it here.
  - 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.) 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 storaumber 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.
- 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 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
- 34. Number of sacks of coment 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
- 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
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- 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 Gas well calculated absolute open flow in MCF/D 45.
- The method used to test the well:

Flowing Pumping Swabbing

44.

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.

