

District I
PO Box 1990, Hobbs, NM 88241-1990
District II
811 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Minerals & Natural Resources Department

Form C-104

Revised October 18, 1994

Instructions on back

Submit to Appropriate District Office

5 Copies

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

POLARIS PRODUCTION CORP. P. O. BOX 1749 MIDLAND, TX 79702		17909	
		CH 12/1/98	
30 - 0 25-05195	DENTON DEVONIAN	16910	
9905	POPE, T. D.	21	

II. Surface Location

Ul or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
A	35	14S	37E		660	N	660	E	LEA

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
A	35	14S	37E		660	N	660	E	LEA
P	Shut-in	UNK	UNK	UNK	UNK	UNK	UNK	UNK	UNK

III. Oil and Gas Transporters

20667	SHELL PIPELINE P. O. BOX 2648 HOUSTON, TX 77252	2229310	O	
11447	J. L. DAVIS GAS CO. 211 N. COLORADO MIDLAND, TX 79701	2229330	G	

IV. Produced Water

2229350	
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V. Well Completion Data

VI. Well Test Data

I hereby 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.			OIL CONSERVATION DIVISION		
Signature: <i>[Signature]</i>			Approved by: <i>[Signature]</i>		
Printed name: Davis Payne			Title: <i>[Signature]</i>		
Title: President			Approval Date: JAN 19 1999		
Date: 12-14-98			Phone: 915-684-8248		
If this is a change of operator fill in the OGRID number and name of the previous operator					
PEYTON S. CARNES, JR. STEPHENS & JOHNSON OPER. CO. MGR OF OPERATIONS 12/9/98					
Previous Operator Signature OGRID 019958 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.

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
 2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
 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)

If for any other reason write that reason in this box.
 4. 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
 8. The property name (well name) for this completion
 9. The well number for this completion
 10. 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.
 11. The bottom hole location of this completion
 12. Lease code from the following table:

F	Federal
S	State
P	Fee
J	Jicarilla
N	Navajo
U	Ute Mountain Ute
I	Other Indian Tribe
 13. The producing method code from the following table:

F	Flowing
P	Pumping or other artificial lift
 14. 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
 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
 18. The gas or oil transporter's OGRID number
 19. Name and address of the transporter of the product
 20. 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.
 21. Product code from the following table:

O	Oil
G	Gas
 22. 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.)
 23. 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.
 24. 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.)
 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
 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
 30. Write in 'DHC' if this completion is downhole or completed 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.
 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 bottom.
 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
 36. MO/DA/YR that gas was first produced into a pipeline
 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
40. Flowing casing pressure - oil wells
Shut-in casing pressure - gas wells
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.
47. 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
48. 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