

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

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

Submit to Appropriate District Office

5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Gandy Corporation P. O. Box 827 Tatum, NM 88267		OGRID Number 8426
		Reason for Filing Code/ Effective Date CH 10-01-2000
API Number 30-0 25-26883	Pool Name BSW; SALADO	Pool Code 96713
Property Code 26949	Property Name EIDSON STATE	Well Number 1

II. Surface Location

UL or lot no. M	Section 31	Township 16-8	Range 35-E	Lot Idn	Feet from the 567	North/South Line South	Feet from the 161	East/West line West	County Lea
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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

Use Code S	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date
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III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description

IV. Produced Water

POD	POD ULSTR Location and Description
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Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations	DHC, MC
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement		

V. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

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.

Signature:

Printed name: Larry Gandy

Title: Vice-President

Date: 11-14-00 Phone: 505-398-4968

OIL CONSERVATION DIVISION

Approved by:

Title:

Approval Date:

If this is a change of operator fill in the OGRID number and name of the previous operator:

Previous Operator Signature

130851

Printed Name

J E Haseloff

Title

President

Date

11-14-00

9-27-01

**New Mexico Oil Conservation Division
C-104 Instructions**

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "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
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. MM/DD/YY that this completion was first connected to a gas transporter.
 15. The permit number from the District approved C-129 for this completion.
 16. MM/DD/YY of the C-129 approval for this completion.
 17. MM/DD/YY 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 commingled with another completion or "MC" if there is more than one non-commingled completion in this well bore. Attach actual completed well bore diagram
 31. Outside diameter of the casing and tubing.
 32. Depth of casing and tubing. If a casing liner, show top and bottom.
 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.
34. MM/DD/YY that new oil was first produced.
 35. MM/DD/YY that gas was first produced into a pipeline.
 36. MM/DD/YY that the following test was completed.
 37. Length in hours of the test.
 38. Flowing tubing pressure - oil wells
Shut-in tubing pressure - gas wells
 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:

F	Flowing
P	Pumping
S	Swabbing

If other method please write it in.
 46. 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.