DISTRICI'I 1625 N. Franch Dr., Hobbi, NM 88240 DISTRICT'II			STATE OF INEW MEXICO Energy, Minerals & Netural Resources Department				Form C-104 Revised February 10, 1994 Instructions on Back				
1301 West Grand Ave., A	rtesia, NM 88210					Submit to Approp	mate District Office				
DISTRICT III			OIL CO	ONSERV	ATION DIVIS	SION			5 Copies		
1000 Rio Beazos Rd, Azte	g, NM 87410		OIL CONSERVATION DIVISION 2040, South Pacheco Santa: Felveum 87505 Vonder Teo B FOR ALLOWABLE AND AS TO TRANSPO								
DISTRICT IV				Santas	Ferrar M 8750	05		AMENI	DED REPORT		
2040 South Pacheco, San	ta Fe, NM 87505				THATED BEL			.			
I	RE	QUEST I	FOR ALLOWA	ABLE AN	ID AS DEON	ZAUQN TO	O TRANSPC	DRT			
		1. Operator Nam	e and Address	х.; •	143 Juin	.00 00 1	THE	2. OGRID Number 7117			
	Elk Oil Col	240			GNIA STATE		CONC	/ 14/			
	P. O. Box	STU Investigation	- 00000 0040	~	Trail		5 Upper f	or Filing Code	n o		
		lew Mexic	o 88202-0310				1 5		RC		
	4. API Number					يوا لايو ا		6. Pool Code			
30-025-27389				Kemnitz Lower Wolfcamp					35530		
7. Propesty Code				8. Property Name					9. Well Number		
3974			Northeast Kemnitz					7			
II. 10.	Surface Locat	tion	_								
UL or Lot No.	Section	Township	Range	Lot Idn	Feet From The	North/South Line	Feet From The	East/West Line	County		
F	9	165	34E		1980	North	1980	West	Lea		
	Bottom Hole	L		<u> </u>	1000		1000	111001			
UL or Lot No	Section	Township	Range	Lot Idn	Feet From The	North/South Line	Feet From The	East/West Line	County		
								-			
F	9	16S	34E		1980	North	1980	West	Lea		
12. Lse Code	Producing Method	i Code	14. Gas Connection	n Date	15. C-129 Permit N	umber	16. C-129 Effective	Date	17. C-129 Esep Date		
III. Oil and G	as Transporte	ers					1,		J		
18. Transporter		19. Transpo	orter Name		20. POD		21, O/G	22. POD ULS	TR Location		
OGRID			Addaess					and De	nonption		
			Services Ltd. F								
24650	1000 Loui	siana Stre	et, Suite 5800		927430		G				
	Houston,	Texas 770	02								
	Amoco Pi	ipeline ITD)								
138648	502 North	West Ave	enue		927410		0				
· · · · · · · · · · · · · · · · · · ·	Levelland.	Texas 79	336								
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	L				_						
IV. Produced				-1							
	23. POD				24. PODULSTR Location and Description						
V. Well Comp	letion Data			1			· · · · ·				
25. Spud Dab		26. Ready	Date		27. TD	28. PB	TD	29. Perfo	rations		
4/29/81		1/20/03		13450		13200)	10666-106	84		
30. Hole Size		31.	Casing & Tubing Size			32. Depth Set		33. Sacks	Cement		
17	17 12 3/				402			450 sxs			
12 1/4	1	8 5/	8		4495		2500 sx				
					13450		· · · · · · · · · · · · · · · · · · ·		<u> </u>		
7 7/8	3	5 1/	2		13450	J		825 sxs			
VI. Well Test	Data										
34. Date New C			Delivery Date	36. Test		37. Test Ler		38. Tbg. Pressus	a 39. Csg. Pressure		
12/16/02	2	1/20/0			1/20/03	3	24	4 <u>–</u> 44. AOF	45. Test Method		
40. Chroke Size		1	୍ର 27	6		60		N/A	N/A		
			on Division have been								
1 -		-	complete to the			OIL CONSE	ervation div	4 131UIN			
best of my knowledg	e arzu Demer.					RIGINAL SIG	NED BY				
Signature:	<u>, ~ </u> >	×			Approved By:	PALLE K					
Printed name:	Joseph J	. Kelly			Title: PETROLEUM ENGINEER						
Title:	President	<u> </u>									
		Phone:	505-623-319	90		reb 14	2003				
Date: January 21, 2003	- (-	· · · · · · · · · · · · · · · · · · ·			
47. If this is a change	or operator fill in the	I OGRID number i	ind name of the previous o	Perror							
Previous O	perator Signature		<u></u>	Printe	d Hame	<u> </u>	Title		Dabe		
1											

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.

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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

3.

12.

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 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.

Lease	code from the following table:
L L	Federal
S	State
P	Fee
	licarilla

Navaio
Ute Mountain Ute
Other Indian Tribe

- The producing method code from the following table: F Flowing P Pumping or other artificial lift 13.
- MM/DD/YY that this completion was first connected to a gas transporter. 14.
- The permit number from the District approved C-129 for this completion. 15.
- MM/DD/YY of the C-129 approval for this completion. 16.
- MM/DD/YY 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.
- 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 no number, the district office will assign a number and write it here. 23.
- 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.
- Write in 'DHC' if this completion is downhold commingled with another completion of 'MC' if there is more than one non-commingled completion in this well bore. Attach actual completed well bore diagram 30.
- 31. Outside diameter of the casing and tubing.
- 32. Depth of casing and tubing. If a casing liner, show top and bottom.
- Number of sacks of cement used per casing string. 33.

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.

- MM/DD/YY that new oil was first produced. 34.
- 35. MM/DD/YY that gas was first produced into a pipeline.
- MM/DD/YY that the following test was completed. 36.
- 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: F Flowing

Р	Pumping	
S	Pumping Swabbing	
If othe	method please write it ir	1.

- 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.
- 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.