## District I PO Box 1980, Hobbs, NM 88241-1980

District II

PO Drawer DD, Artesia, NM 88211-0719 District III

## State of New Mexico

Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fa. NM 97504-2088

1000 Rio Brazo District IV					e, NM		1-2088				7 аме	ENDED REPORT	
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	n Plaza Jest Sec		reet						· : •	Reason f	on for Filing Code		
	, OK 7								\ CH-Ef	fecti	ve Ju	ne 1, 1996	
'API Number 30 - 025-28523 Denton Wolfcamp						Pool Name	e		' Pool Code 17290				
	operty Code		¹ Property Name						' Well Number				
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Transpos OGRID			'Transporter			<sup>26</sup> POD 21 O/G			2 POD ULSTR Location				
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	Artesia,		NM 882	10-0159					McClure E tanks on A2 lse)				
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" Chok	e Size		" Oil	4 V	Vater		43 Gas		# AC	F		44 Test Method	
			<del></del>		<del></del>								
" I hereby certi- with and that th	ify that the rul information	les of the Oil given above	Conservation is true and cor	Division have been nplete to the best	n complied of my		1O	I. CO	NSERVAT	ION F	וצועונ	ION	
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Date: 5/29/96 Prone: 9/8 593-17						Approval Date: JUN 2 0 1996							
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0257				Energy,									
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## 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 80°. 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.

- Operator's name and address 1.
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- 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 (including requested) 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.

- 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. If the
- The bottom hole location of this completion 11.
- Lease code from the following table: 12.

Federal State Fee

SPJ Jicarilla

NU

Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table: 13.

- Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the District approved C-129 for this completion 15.
- 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. completion
- The gas or oil transporter's OGRID number 18.
- Name and address of the transporter of the product 19.
- 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: 21.

Oil Gas

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- 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 24. (Example: "Tank", etc.)
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well 27.
- 28. Pluoback 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 32
- 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.

- MO/DA/YR that new oil was first produced 34.
- 35. MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR 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.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- Barrels of oil produced during the test 41.
- 42. Barrels of water produced during the test
- MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D 44
- The method used to test the well:
  F Flowing
  P Pumping
  S Swabbing 45.

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, 47. 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