District I PO Box 1988, Hobbs, NM 88241-1980 District II

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994

PO Drar er DD, Artesia, NM 88211-0719 District III

Instructions on back Submit to Appropriate District Office 5 Copies

1000 Rio Brazos Rd., Aziec, NM 87410

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

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Operator name and Address										<sup>1</sup> OGRID Number				
Middle Bay Oil Co., Inc. 115 S. Dearborn Street							142072 'Reason for Flling Code							
Mobil, Alabama 36602							CH CHOOL TO FINANCE COOL							
'API Number 'Pool Name									* Pool Code					
30 - 0 25-31522 Northeast Loving											40760			
Property Code Pr							roperty Name				' Well Number			
	36146		Kim Harris							2				
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knowledge and		gvu soutc	use and tom	- W UIC 00	.a. oi uly				NSERVAT		_	IUN		
Signature:						Approv	Approved OXIGINAL SIGNED BY JERRY SEXTON							
Printed name: John J. Bassett							Title: DISTRICT I SUPERVISOR							
Tide: President							Approval Date: 7 1335							
Date: 02/20/95 Phone334-432-7540														
" If this is a change of operator fill in the OGRID number and name of the previous operator														
OGRID #013954 Manzano Oil Corporation P.O. Box 2107 Roswell, NM 88202-2107  Printed Name Title Date														
D.E. Brown VP Engineering 1/23/95														
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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 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 cartifications 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
- 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

Add gas transporter

CG Change gas transporter

RT Request for test allowable (Include volume requested) 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
- 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
- 12. Lease code from the following table:

  - Federal State Fee Jicarilla

  - Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table:
  F Flowing
  P Pumping or other artificial lift 13.
- 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.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17.
- 18. The gas or oil transporter's OGRID number
- 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
- 21. Product code from the following table:

- The ULSTR location of this POD if it is different from the well completion location and a short description of the POO (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 sesign 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.
- 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
- Inside diameter of the well bore
- 31. Outside diameter of the casing and tubi. q
- 32 Depth of casing and tubing. If a casing or show top and
- Number of sacks of cement used per chaing 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.

- MO/DA/YR that new oil was first produced 34.
- MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was complisted
- 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
- Barrels of oil produced curing 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
- The method used to test the well:

  F Flowing
  P Pumping
  S Swabbing
  If other method please write it in. 45.
- 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.

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