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District : PO Box 1980, 1 District II	Iobbe, NM	88241-1960	State of New Mexico Eacry, Minerals & Natural Resources Department						Form C-104 Revised February 10, 1994					
No Drawer DD, Artesia, NM \$\$211-071 District III			OLL CONSERVATION DIVISION						Instructions on back Submit to Appropriate District Office					
1000 Rio Brazo	n Rd., Azter	- NM \$7410	PO Boy 2089						5 Copies					
PO.Box 2083, Santa Fe, NM \$7504-2088													RT	
I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT														
Manza P.O.					013954									
	ell, NM	88202	-2107HIS V	BEEN PLAC	ED IN T	D IN THE POOL REASON FOR Filing Code					Code			
	API Number		DESIGNATED BELOW. IF YOU DO NOT CONCUR NOTIFY THIS DEFICE. Notify THIS DEFICE. North Lowington W/ Pool Name						l'ideat 'Pool Code				_	
30-0 25 'P	roperty Cod		The Euvrington Pennsylvanian L						Dolf can	camp 96625				
19	657		バー/0735 ///タイ 'Property Name "SV" Double Eagle						' Well Number					
II. ¹⁰ Surface Location										l				
Ul or lot no. Section Township								outh Line	Feet from the			County		
G 11 16S				1 1500	1500		th	2148	Eas	st	Lea			
UL or lot no. Section. Township					oct from the N		outh line	Feet from the	East/W	East/West line Cou				
G	11	165	36E		1500		Nor		2148	Eas	t	Lea		
" Lee Code P	" Produc	ing Method C F	ode '' Gaa	Connection D	ste C-	129 Permi	t Number	· ·	C-129 Effective	Dale	" C•1	29 Expiration Date		
		Transpo	rters	•	l					l	<u> </u>	••••••••••••••••••••••••••••••••••••••		
Transpo OGRID			" Transporter N and Addres			" POI)	11 O/G		" POD UI	STR Lo			
00744		E.O.T.T.	Energy	818544 0										
		0. Box louston,					J, Sec 11, T16S, R36E							
9171			Corporat 5050 111e, OK		28	3183	545	. G	J, Sec	11. T1	65. R	36F		
		Bartlesv	ille, OK	74005										
And a conserve a	Rectal 97												\neg	
83. 21. 7						ie Lette in this		(
	uced W	ater							L	·				
2818	100 3546	2	J, Sec 1:	l, T16S,	R36E	POD UL	STR Loca	tion and f	Description					
V. Well		tion Data	1		·									
Spud Date			²⁴ Ready Di	" TD			PBTD			Perforations				
10/30/96 ** Hole Size			1/14/97	00 ' Depth Se			10,700'		-	² Sacks Cement				
17-1/2"				405'										
11"				4,346'						x Lite + 200 C1 C				
7-7/8"				12,000'k					tg - 460 sx C1 H					
				DV tool @ 7,05					tg - 180 sx C] H					
VI. Well			Jalius D.										_	
" Dale New Oil 12/23/96		1	" Gas Delivery Date 1/15/97		[™] Test Date 12/24/96		" Text Length 24 hrs		^н Тыз. Р 70			^µ Cig. Provore Pkr		
" Choke Size 16/64" 2		" oย 21	Water 0	_		L	* A	OF		"Tei Mebod Flowing				
" 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							331 Flowing OIL CONSERVATION DIVISION							
knowledge and Signature:	belief.		1.1			Approve		CICIN	te transfer t		SEXTO			
Printed name:			Hernan		Tide:									
Allison Hernandez U Tide: Engineering Technician														
Date: 1/	<u></u> 14/97			an 05) 623-	-1996	Approval Date: JAN 1 6 1997								
		crator fill la	the OGRID BUE	aber and nam	e of the previ	ious opera	lor		<u></u>				Ĩ	
Previous Operator Signature Printed Name Title Date								-#						
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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

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- 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 CG Change gas transporter RT Request for test allowable (Includ requested) New Weil Recompletion Change of Operator Add oil/condensate transporter Add gas transporter Change gas transporter Change gas transporter Request for test allowable (include volume requested) (other reason write short 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
- 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. 10. Otherwise use the OCD unit letter.
- 11. The bottom hole location of this completion
- Lesse code from the following table: F Federal 12.

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- ae from the follow: Federal Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: 13. Flowing Pumping or other artificial lift þ
- MO/DA/YR that this completion was first connected to a 14. 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.
- $\ensuremath{\text{MO/DA/YR}}\xspace$ of the expiration of C-129 approval for this completion 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.
- 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.
- 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.)
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- Total vertical depth of the well 27.
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and 32. 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.

- MO/DA/YR that new oil was first produced 34.
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- 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
- $_{\rm sc}$ -Barrels of oil produced during the test 41.
- 42. Barrels of water produced during the test
- MCF of gas produced during the test 43.
- 44. Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well:

- F Flowing P Pumping S Swebbing 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, 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.