District i PO Box 1960, Hobbs, NM 88241-1960

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994

Instructions on back

Submit to Appropriate District Office

District II 20 Drawer DD, Artesia, NM \$5211-0719 District III

OIL CONSERVATION DIVISION

1000 Rio Brazo District IV	e Rd., Azio	c, NM 87410				PO Box Fe, NM		-2088				_		5 Copies	
PO Box 2081, 8				'OD ' 4 '								-	IDED :	REPORT	
· · · · · · · · · · · · · · · · · · ·	r	ŒQUES	Op	OK A	LLUWA!	BLE AN	D AU	THOR	IZATI	ON TO T			· ·		
Mai	nzano (Dil Corp				_						OGRID Number			
P.(O. Box swell,	2107		2107								Reason for Filing Code			
			.02-	2107				NW.							
								Pool Name				' Pool Code			
Property Code				North-Lovington Wolfcamp							96625				
	548		"SV" Big Bertha									' Well	Number	r	
		Location	n	- ·		JV D	ig Bertha .								
Ul or lot Bo.				Range	Lot.lda	Feet from	the	North/South Line		Feet from the	East/W	st Une	Line County		
F			36E			20	081 No		th	1870 Wes		t	t Lea		
11 Bottom Hole Lo															
UL or lot so. F	Section,	Township 16S	1	Range	Lot Idn .	Feet from			outh line	Feet from the	East/W	est line	Co	waty	
12 Lae Code			- No.	36E " Gas Connection Date			2081		th	1870	Wes		Lea		
P F		F	ı		10/97		C-129 Permit Number			C-129 Effective Date		12 C-129 Expiration Date			
III. Oil a	nd Gas	Transpo	rters			1			_l	-					
"Transpo OGRID	rter		1º Transporter Name				1º POI	D	11 O/G	·	11 POD ULSTR Location				
			and Address				7.0			and Description					
P.O. Box							317447 0			F, Sec 11, T16S, R36E					
CONTRACTOR OF THE STATE OF THE	TX 77251-1188														
9171	G Secondary P	PM Gas .0. Box	Corp. 2				818	448	. G						
	В	artlesv	ille	, OK	74005										
						2									
							Argus poblado (1) 200		Name of the last						
								K) WILLING							
IV. Produced Water															
POD POD ULSTR Location and Description															
	449					_									
V. Well		tion Date			·							,			
" Spud Date 5/09/97			²⁴ Ready Date 7/07/97 10				"TD			10 C7F	_	Perforations			
> Hole Size			" Casing & Tubing Size				" Depth Se			10,675		0,592-599'			
	13-3/8"				406 ' KE				275 0						
<u>17-1/2"</u> 11"			8-5/8"				4173'K				<u>x Cl C</u>	x C1 C			
7-7/8"			5-1/2"				10895'K					g: 300 sx Super C			
				3 1/ 2				10030 KB			2nd stg: 275 sx Supe			"]	
VI. Well	Test D	ata				· · · · · · · · · · · · · · · · · · ·				l	ZIIU S	Lyi	o sx	<u>super</u> (
		" Gas	Delivery Date "Test Date			at Date	" Test Length			H Tog. 1	*	* Cag. Pressure			
6/25/97 Choke Size		7/10/97 " ou				6/97	24 hrs			900			Zero		
l		1	" 011 " Water 150 30				" Gu			- ^	ļ	"Test Method Flowing			
				ervation D	ivision have be			210		<u> </u>		<u> </u>	IOWIT	ng	
	e paloumanio				picte to the bes			OIL CONSERVATION DIVISION							
Signature:	\sim	1	4.	()	ا لہ		Approve	Approved by: ORIGINAL SIGNED BY CHRIS WILLIAMS							
Printed Dame: Allison Hernandez								DISTRICT I SUPERVISOR Tide:							
Tide: Engineering Technician								Approval Date:							
Date: 7/0	, meer m	Phone: (505) 623-1996				13 14 199				ETH _	31				
)9/97 change of o	perator fill la	the O		nber and nam		ious opers	LOF							
	<u> </u>														
	Previous	Operator Sig	DALUR	•			Printe	ed Name			π	Lie		Date	
I.															



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 despende 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, il, ill, 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
- 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 (Include volume requested)

If for any other reason write that reason in this box.

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

מאר

rederal
State
Fee
Jicarilla
Navajo
Ute Mountain Ute
Other Indian Tribe

The producing method code from the following table: F Flowing Pumping or other artificial lift 13.

- 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.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this completion 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 Gae 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.)
- 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 Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well
- 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
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and bottom. $% \label{eq:casing_problem} % \begin{subarray}{ll} \end{subarray} % \begin{su$ 32.
- 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.
- 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:

Flowing Pumping Swabbing

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.

4.00