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

PO Drawer DD, Artmia, NM 80211-0719

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION

Form C-104 Revised February 21, 1994 Instructions on back Submit to Appropriate District Office

District III 1000 Rio Brazo District IV			`	Santa	PO B	30x 2088 IM 87504					_	5 Cop	
PO Box 2088, S			r FOR A	ALLOWA	BLE /	AND AL	ITHOI	RIZAT	ION TO TE	– RANS			
		luction,	Operator Ba	ame and Addre				··-	0057	¹ OGR	RID Numb		
4600	Greenv	ville Ave		Suite 20	10			1					
Dalla	as, TX.	75206							4			11/01/94)	
30 - 0 25-				VACUUM		N, SOUTH				62	Pool Code 2010		
	roperty Code	_		- South V		Property Na 1 Unit &		_				Vell Number 03	
	Surface	Location		- South	acuu	Unite							
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·	·	Hole Loc											
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u Lee Code S	•	ring Method Cod P	de "Gas	a Connection De	ate "	¹⁵ C-129 Permi	it Number	, "	C-129 Effective [Date	17 C-	129 Expiration Date	
III. Oil au	nd Gas	Transport	<u> </u>			·			<u>,</u>		1		
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IV. Produ	uced Wa	ater											
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	M Hole Size	<u> </u>	31	Casing & Tubis	ng Size		<u>N</u>	Depth Set			[®] Sack	is Cement	
													
VI. Well	Test Da												
VI. WEII Date N			divery Date	* Te	36 Test Date		²⁷ Test Length		³¹ Thg. Pro	³¹ Tbg. Pressure		³⁶ Cag. Pressure	
- Chok	ie Size	41 (24)		1	Wilge		u Jas		4 AOF		+	* Test Method	
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Printed name:	Alan /	Ashley				Title	Title.						
Tiele			dmi <u>ni</u>	strator		Approval	I Date:	NJV	07 199A				
Date:	11-2-9	94	Phone: 2	14-369-	-9266				- `-'				
i				of Calife			lor						
023710		Operator Signal		of Califo	ornia		ed Name			Ti	itle	Date	
	6		9		Gar	ry Dupri	est	F	Asset Mana	ger		10-24-94	

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.

- 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) 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
- The bottom hole location of this completion 11.
- 12. Lease code from the following table:
 F Federal
 S State

- Fee
 Jicarilla
 Navajo
 Ute Mountain Ute
 Other Indian Tribe
- 13. The producing method code from the following table: Flowing
 Pumping or other artificial lift
- 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 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. well comple: (Example: Tank ",etc.)
- 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
- 31 Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and
- 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.

- 34 MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline 35
- 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 39.
- 40. Diameter of the choke used in the test
- 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
P Pumping
S 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

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