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

State of New Mexico
Lergy, Minerals & Natural Resources Department

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

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

OIL CONSERVATION DIVISION PO Box 2088

Santa Fe, NM 87504-2088 District IV PO Box 2088, Santa Fe, NM 87504-2088 I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRA	AMENDED REPORT
	1100000
FI K OU COMPANY	OGRID Number
Part Office Par 210	
Roswell, New Mexico 88202-0310	eason for Filing Code
CH E	fective 04/01/96
API Number 'Fool Name	' Pool Code
30 - 0 25-26698 Airstrip Bone Spring	00960
Property Code Property Name	' Well Number
(8823 State IA	1
II. ¹⁰ Surface Location	<u> </u>
Ul or lot no. Section Township Range Lot.ldn Feet from the North/South Line Feet from the	east/West line County
D 36 18S 34E 660 North 660	West Lea
Bottom Hole Location	200
Ill as let as Seeden T t	Cast/West line County
D	
North 660	West Lea
" Gas Connection Date 16 C-129 Permit Number 16 C-129 Effective Date	e " C-129 Expiration Date
W. Oil and Coa Transaction	
III. Oil and Gas Transporters	
Transporter OGRID Transporter Name POD OGR D OG	OD ULSTR Location
120640	and Description
138648 Amoco Pipeline ITD 1321910 O	
502 North West Avenue Levelland, Texas 79336	
024650 Warren Petroleum Corp. 1321930 G	
P.O. Box 1589	
Tulsa, Oklahoma 74102	
IV. Produced Water	
B truly	
POD ULSTR Location and Description	
V. Well Completion Data	
July State of the	
¹³ Spud Date ¹⁴ Ready Date ²⁷ TD ²⁴ PBTD	2º Perforations
³⁶ Hole Size ³¹ Casing & Tubing Size ³¹ Depth Set	³¹ Sacks Cement
	DAND CENTER
	······································
VI. Well Test Data	
Date New Oil Gas Delivery Date Test Date Tot Length Tot. Press	
Tog. Press	ure "Cog. Pressure
"Choke Size "Oil "Water Gas "AOF	
Water Gas AAOF	4 Test Method
" I hereby certify that the rules of the Oil Conservation Division have been complied	
OII CONTINUE and complete to the best of my	N Divigion
Signatures	N DIAISION
Approved by: ORIGINAL SALES	
Printed name: Joseph J. Kelly Title:	
Title: President Approval Date:	
Date	
<u>03/27/96</u> Priorie: (505)623-3190	
"If this is a change of operator fill in the OGRID number and name of the previous operator OGRID # 144229	
APPOW KYDI ODATION COMPANY 1005 C	
ARROW EXPLOPATION COMPANY - 1005 Congress, Suite 880 - Austin, Texa	s 78701

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
- 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

 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. 3.

- The API number of this well 4.
- 5 The name of the pool for this completion
- €. The pool code for this pool
- 7. The property code for this completion
- The property name (well name) for this completion 8.
- 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: Federal State Fee Jicarilla
 - Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: 13. Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14.
- 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
- 17. MO/DA/YR of the expiration of C-129 approval for this
- 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 Gas

- T' e 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.
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhols 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 bottom. 32.
- 33, Number of eacks 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
- 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.
- 39. 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: 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

Haceived Hobbs OCD