Distric 1 PO Box 1980, Hobbs, NM 82241-1980

State of New Mexico Energy, Minorals & Natural Resources Departm

Form C-104

District []

811 South First, Artesia, NM 88210

OIL CONSERVATION DIVISION 2040 South Pacheco

Revised October 18, 1994 Instructions on back Submit to Appropriate District Office

1000 Rio Brazos	Rd.,	Astec,	MM	8 7410

		5 Copies

District III) South							5 Copies	
1000 Rio Brazo District IV	s Rd., Assec,	NM 87410		Santa	Fe, N	M 8/	505			Г	AME	ENDED REPORT	
2040 South Pac	beco, Santa l	Fe, NM 8750:	5								_		
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				Division have been					MODELL	1027	\T\ !!	TON	
with and that the information given above is true and complete to the best of my knowledge and belief,							IUN						
						Approved by: ORIGINAL SIGNED BY							
Maggeten					TILLE: GARY W. WINK OC FIELD REFRESENTATIVE II/STAFF MANAGER								
Printed name: Hugo NAEGELE JR.							OC FIE	LD RE	PRESENTATIV	E II/ST	ΔFF M/	ANAGER	
Tide: Vice President					Approval Date:								
Date:			Phone: 5	505-397-9	5989								
" If this is a	change of op	erator (W in	· · · · · · · · · · · · · · · · · · ·	umber and name		rious epe	rator					-	
	•												

Printed Name

Previous Operator Signature

Title

Date

## C-104 instructions

IF THIS IS AN AMENDED REPORT, Ch. . 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.
- 3. Reason for filing code from the following table:

  NW New Well
  RC Recompletion

NW RC CH AO CO

RC Recompletion
CH Change of Operator (Include the effective date.)
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.

- 4 The API number of this well
- 5. The name of the pool for this completion
- 6 The pool code for this pool
- 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
- 12. Lease code from the following table:

N U

rederion the follow 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. gas transporter
- 15 The permit number from the District approved C-129 for this completion
- MO/DA/YR of the C-129 approval for this completion 16.
- 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 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 the 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
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole 30.
- Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore.

- 31. inside dumeter of the well bo
- 32. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- Number of sacks of cement used per casing string 34

If 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.

- 35. MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline 36.
- 37. MO/DA/YR that the following test was completed
- 38 Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells
- 40. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- 44. MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- 46 The method used to test the well:

Pumping Swapbing

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 47.
- 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 48.