District I PO Box 1900, Hobbs, NM 88241-1900 District II 811 South First, Artesia, NM 88210 District III 1000 Rio Branos Rd., Astec, NM 87410 District IV 2040 South Pacheco, Santa Fe, NM 87505		State of New Mexico Energy, Minorale & Natural Resources Depart OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505					Form C- Revised October 18, 1 Instructions on b Submit to Appropriate District Of: 5 Coj AMENDED REPO						
			LLOWAB	LE A	ND AU	THORIZ	ZAT	ION TO TI					
I. REQUEST FOR ALLOWABLE AND AUTHORIZA								<sup>1</sup> OGRID Number					
BASIN All.	•							000415					
PO Box 1378	PU BOX 1378 Hobbs NM 88241									'Remove for Fling Code Sale of 520 bbls skim oil			
^ API Numbe	* Pool Name						Month of SEPT, 2001						
30 - 025-28083	30 - 025-28083		SWD; Devonian						* Pool Code 96101				
' Property Code		<sup>6</sup> Property Name						* Well Number					
46   II. <sup>10</sup> Surface Location		State AJ						1					
II. <sup>10</sup> Surface	Location	Range	Lot.Ida	Fact fro	m the	North / Court		<b>*</b>					
								Feet from the	East/West				
G 33 185					<u> </u>			2310 E 025		025			
UL or lot no. Section					eet from the North/South li		h line	Feet from the	East/West	line County			
"Lse Code "Produc	ing Method C	ode Gas	Connection Date	u	C-129 Permit Number		H	C-129 Effective	Date	e <sup>17</sup> C-129 Expiration Dat			
III. Oil and Gas	Trancas								l				
"Transporter "Transporter Name "POD "O/G													
OGRID					<sup>23</sup> POD ULSTR Location and Description								
012426 P.	0. Box	580	Ifield Som		2808	474	0						
н	obbs, N	IN 88	241				\$						
037008 JE	NEX OP	CRATING	co .		2808	474 0	0	······································					
P.O. Box 308 Hobbs, NM 88241													
			<u> </u>						<u></u>				
								5 14 20 J					
					a the second second			18	10	×			
								66.					
IV. Produced Wa		* POD ULSTR Location and D											
						TR Location	and D	escription					
V. Well Complet	ion Data			<u></u>	· · · · · · · · · · · · · · · · · · ·					<u></u>			
" Spud Date "		Ready Date		" TD		» PBTD		* Perforat	ions	» DHC, DC,MC			
										•			
<sup>31</sup> Hole Size		<sup>21</sup> Casing & Tubing Size			<sup>11</sup> Depth Set				, et	Sacks Cement			
VI. Well Test Da	•								•				
Date New Oil		livery Date	<sup>n</sup> Test I	Data	<del></del> ;								
		envery Date Fest Da		JAIC		Test Length		· * Thg. Pre	indure	" Cag. Pressure			
41 Choke Size 4		Oll "Water		er		" Gas		4 AOF		" Test Method			
								A.07	•	I est Method			
<sup>47</sup> I hereby certify that the rule with and that the information	es of the Oil Co	onservation Di	vision have been co	omplied									
knowledge and belief				my		OIL		SERVATIO	ON DIV	ISION			
Signature:	egele	h			Approved	GARY W.	WIN	IK	ULCTAEF	MANAGER			
Printed name: Hugo	ole Jr.			THE OC FIELD REPRESENTATIVE IL/STAFF MAN									
Title: Vice Pr	+			Approval Date: FEB 0 5 2002					02				
Date: Phone: 505-397-5989													
" If this is a change of ope	rator fill in th				vious operat	or							
Previous O	perator Signat				Printed	Name							
				1				<u></u>	Title	Date			

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## New Mexico Ol Conservation Division C-104 Instructions

## IF THIS IS AN AMENDED REPORT, CHEC. HE 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 DGRID number. If you do not have one it will be assigned and filled in by the District office. 2.

3.

12.

- Reason for filing code from the following table: NW New Well RC Recompletion CH Change of Operator (Include the effective date.) AO Add oil/condensate transporter CO Change oil/condensate transporter AG Add ges 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
- 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. If the
- The bottom hole location of this completion 11.
  - Lease code from the following table: Federal State Fee Jicarilla
  - S P J N U

  - Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: F Flowing P Pumping or other artificial lift 13
- 14.
- MO/DA/YR that this completion was first connected to a 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
- 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 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 the number the district office will assign a number and write it here. 23.
- 24. 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.)
- MO/DA/YR drilling commenced 25. 26.
- MO/DA/YR this completion was ready to produce 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 enother 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 diameter of the well bore
- Outside diameter of the casing end tubing 32.
- 33. Depth of casing and tubing. If a casing liner show top and
- 34. Number of sacks of cement used per casing string

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.

- MO/DA/YR that new oil was first produced 35.
- 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 39.
- 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:

  - F Flowing P Pumping S Swabbing If other method please write it in.
- 47. 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
- 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.