District I PO Box 1980, Hobbs, NM 88241-1980 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
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

District IV		,		Santa F	e, nn	1 8/504	4-2088				П амл	ENDED REPORT	
PO Box 2008, S I.			Γ FOR A	LLOWAR	TE A1	NTO AT	מחשרו	ነፖልጥ	וראז דר דיי				
I. REQUEST FOR ALLOWABLE AND AUTHORIZAT Operator name and Address									OGRID Number				
Arrow Exploration Company									144229				
c/o Oil Reports & Gas Services, Inc. Post Office Box 755											Reason for Filing Code		
Hobbs, New Mexico 88241									CO Effective 11/01/95				
							Pool Name				Pool Code		
30 - 025-28635 Airstrip B						one Spring				00960			
	,		Property Name						* Well Number				
II. 016984 II. Surface Location			State NM									001	
Ul or lot no. Section Township			Range	the North/South Line			Feet from the East/West line		·				
В	35	185	34E	Lot.Idn		_		our lane		East/West line		County	
		Hole Location		67		72	North		1980		East Lea		
UL or lot no. Section Township		Range	T2		from the North/S		outh line	Feet from the	Fact/M	East/West line County			
В	35	185	34E			 72	North		1980	1	East Lea		
12 Lae Code	13 Produci	ng Method Co	ode 14 Gas	Connection Date			129 Permit Number		C-129 Effective	1			
S	F		Unkr	nown									
III. Oil ai								·					
"Transpor		" Transporter Name and Address				²⁴ POD		31 O/G	11 POD ULSTR Location				
138648		moco PL	LTD (Tr		icks)		201112		and Description				
230040						1324410 0		()	B-35-18S-34E				
		Warner Dala 3											
024650		F.O. BOX 1589					0	B-35-18S-34E					
	Т												
													
			······································								·	·	
tila lielaksiinin teenalaan													
	20 02028												
V. Produ	iced Wa	iter											
						POD ULSTR Location and Description							
1324450 B-3 V. Well Completion Data							35-18 S-34 E						
	d Date	ion Data	24 Ready Da			77 0000							
			Kaluy Di	ite	" TD	ID		" PBTD		1º Perforations			
M Hole S		ze 31		Casing & Tubing Size			22 Depth S		1		33 Sacks Cement		
		T	- Dipa de				Sacts Cement						
		· • • • · · · · · · · · · · · · · · · ·		······································	·								
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		·					······································	·			····		
VI. Well	Test Da	ta	<u> </u>	· · · · · · · · · · · · · · · · · · ·									
VI. Well Test Data "Date New Oil "Gas Delivery Date "Test Date						" Test Length M Tbg. Pressure "Csg. Pressure						W.C. P	
				· · · · · · · · · · · · · · · · · · ·		. Con Extiguis		1 og. Pressure			³⁹ Csg. Pressure		
" Choke	Size	41	Oil	42 Water		4 Gas			" AOF		" Test Method		
											rest Method		
" I hereby certif	y that the rui	ics of the Oil (Conservation Di	ivision have been	complied								
knowledge and b	zelief.			plete to the best o	f my		OI	L COI	NSERVATI	ON D	IVISI	ON	
Signature: Laren Haller by 494						Approved by:							
Printed name: Laren Holler							Tiuc:						
Title:						Approval Date: NOV 0 9 1995							
Agent Date: 11/07/95 Phone: (505) 393-2727						NUT V 033							
		rator fill in th		aber and name o		ious onese	lor						
					prov		•						
Previous Operator Signature							Printed Name Title Date						

New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Raport 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.

separate C-104 must be filed for each pool in a multiple A separate 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.
- 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.

- The API number of this well 4.
- The name of the pool for this completion 5
- The pool code for this pool
- 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.
- 11. The bottom hole location of this completion
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla 12.

Ň 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 gas transporter 14.
- The permit number from the District approved C-129 for 15.
- 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. completion
- 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: 21.

Oil Gas

- 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.
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well 27.
- 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 32.
- 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.

- 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
- Length in hours of the test
- 38. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
- 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
- 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:

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.
- 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

