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

State of New Mexico acrey, Minerals & Natural Resources Department

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

NO Drawer DD, Artesia, NM 88211-0719 District III

OIL CONSERVATION DIVISION PO Box 2088

1900 Rio Brazo District IV	n Rd., An	ioc, NM 87410		Santa J	Fe, NM	§ 87504	4-2088					3 Copu	
PO Box 2088,		NM 87504-2088										DED REPOR	
I.		REQUES	T FOR A	LLOWAF	ILE A	ND AU	THOR	CIZAT	ION TO TI	RANSI	PORT_		
Ralph	C Bruto		' Operator mi	ame and Address	•					¹ OGRI	D Number		
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Hobbs	88240	1 1 - 1		or Filing Co									
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30 - 0 25						Pool Nam			' Pool Code				
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		ブID21		' Property Name COCHISE -2- STATE							, Mql	Number	
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III. Oil a	nd Gas	s Transpo											
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OGRID		and Address				.02					SIK Locati escription	Oh	
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VI. Well	Test D	Data						·			~		
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4 Choke Size			4º Oil			45 Gas			" AOF		 	" Test Method	
				Vater			1	AUF		I cat Method			
"I hereby cert	ify that the	rules of the Oil	Conservation I	Division have been	n complied	 					<u> </u>		
with and that the knowledge and	ne mformati	on given above	is true and com	nplete to the best	of my		OI	L CO	NSERVATI	ON D	IVISIO	N	
Signature:	Lill		Kn T.			Approved	d by:	Orig. S	Signed by				
Printed name:	DIA.	211	1 KKNO.			Title:		Paul	Kaŭtz ologist				
Title:	KAL	PH C.	BRUTO	ev		J		Gec	Ologist .				
Date: /_	MEM	186R	T			Approval	Date:						
	13-97		Phone: 503	5-390-03	766				UN 23 10	57			
" If this is a	nange of o	perator fill in	the OGRID nu	mber and name	of the prev				Regulator	· Affa	:		
\sim	Previous	Operator Sign	THE OF	RID #0150	\ <u>\</u>		e Mull	len	Specia	alist		06-12-97	
Mitc							d Name			Tide	c	Date	
LITE	петт	snergy C	orporati	on, P.O.	Box 40)00, T	he Woo	odland	s, Texas	77387	-4000		

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

Report all gas volumes at 15,025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for silowable 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 3.

AG CG RT

or filing code from the following table:
New Well
Recompletion
Change of Operator
Add oil/condensate transporter
Change oil/condensate transporter
Add gas transporter
Change gas transporter
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
- The well number for this completion 9.
- 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
- 12. Lease code from the following table:

Federal State

S

hee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table:

F Flowing
P Pumping or other artificial lift 13.

- 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
- 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 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", 24. Well comple: " (Example: " Tank",etc.)
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 27. 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
- Depth of casing and tubing. If a casing liner show top and bottom. 32
- 33, Number of sacks of cemant 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
- 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
- 38. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 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
- The method used to test the well:

 F Flowing
 P Pumping
 S Swabbing
 If other method please write it in. 45.

- 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.

