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

District II

District III

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Form C-104 Revised February 10, 1994 Instructions on back

O Drawer DD, Sistrict III			0	IL CONS	SERVATION PO Box 2		NOISIVIC	1	Submit to Appropriate District Office 5 Copies				
000 Rio Brazos Sistrict IV	ı Rd., Aztec,	NM 87410	Santa Fe, NM 87504-2088						<u> </u>				
O Box 2008, Se			70B 4	^****				·	~-~-			ENDED REPORT	
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Midland	d, Texa	s 79705				NW							
						pol Name				<sup>4</sup> Pool Code			
30 - 0 25-		Maljamar Grayburg San A				Andres				43329	.9		
Property Code					erty Name			' Well Number		ell Number			
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II. 10 S	Section	Location	Range	Lot.idn	Feet from th	<del></del>	North/South	line	Feet from the	East/West	-t line	County	
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		Hole Loca		<u> </u>	1040		South		330	East		Lea	
UL or lot no.		Township	Range	Lot Idn	Lot Idn Feet from th		: North/South line		Feet from the	East/West	at line	County	
Р	29	17S	33E		1040		South		330	Fast	1		
12 Lac Code		ing Method Cod		Connection Da		29 Perm	nit Number	1/	C-129 Effective I		" C.	129 Expiration Date	
S	Р		11.	-26-96						1			
III. Oil a		Transport	ters					_					
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009171		GPM Gas C 1001 Penb		lion		41930		G	L-29-17S-33E				
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State Company					ii sun:			Tieri,	i				
No.									<del> </del>				
and in the first					New year								
State Commence	*****				***************************************				l				
IV. Prod		ater											
03419	<b>" POD</b> 950	L-2	29-17S-3	RAF CEM	1GSAU BAT	POD U	JLSTR Location	a and I	Description				
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V. Well	Comple	tion Data		<del></del>									
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10-20	Hole Size		31 Casing & Tubing Size			<del></del>	- I	epth Se					
12 1/41		:			ing dize	+-		±pta ∞	<u> </u>			cks Cement	
12 <b>-</b> 1/4" 7-7/8"	11		<del>δ-</del> 5-	-5/8" -1/2"		+	407 <b>'</b>			275			
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VI. Well	ll Test D		Delivery Date		=		" Test Lengt	<del></del>	1 to any		<del></del>		
11-26-9		11-26	•	Test Date	1		<u></u>	" Tbg. F	remure	1	" Cag. Pressure		
	oke Size		" Oil		15-96	<del></del>	∠4 Gas		- # AOF		+4	40	
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knowledge an Signature:		E m			1	Approved by: GROBERS STRUCT OF THE RESERVEDN							
Printed name:	17	F. Ma				Title:							
Title:	Ray F.	. Martin						48. 7	28 CF (				
		tions End				Аррто	wai Date:	<u>026</u>	, <b>2</b> , 1990				
	2-23-96		Phone:	915-682									
" If this is a	a change of o	perator fill in t	he OGRID	number and na	me of the previ	ious epr	reter-	<del></del>					
<b> </b>	Previou	a Operator Sign				Pri	inted Name				ide	Date	
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## 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 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

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

  AG Add ges transporter 3.

AO CO AG CG RT

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
- 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.
- 11. The bottom hole location of this completion
- Lease code from the following table:
  F Federal
  S State
  P Fee
  J Jicarilla 12.

- 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
- 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 ... 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 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 24. 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 have
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom.
- Number of sacks of cement used per casing string 33

The following test date 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.
- MO/DA/YR that gas was first produced into a pipeline 35.
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- 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
- 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.

