Fistrict I FN Box 1980, H District II NO Drawer DD, District III 1000 Ris Brazos District IV	M \$8211-0719 . NM \$7410		State of New Merico Energy, Minerain & Natural Resource: Departme OIL CONSERVATION DIVISIO PO Box 2088 Santa Fe, NM 87504-2088				Instructions on back					
PO BOX 2001, SANA FC, NM 87504-2008 I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT												
1	Cross 1	'd Timbers O	Operator ham peratin			<sup>2</sup> OGRID Number 005380				er 👘		
	3000 N.	. Garfiel 1, TX 79	d, Suit		***.5	NW			* Reason for Filing Code			
	PI Number		/05			vol Name						
30-025-3365 33695 Maljamar Grayburg San									43329	Pool Code		
<sup>'</sup> Property Code 003355 SEMGSAU					' Property Name				<sup>'Well Number</sup> 712			
II. <sup>10</sup> S	Surface	Location	Range	Lot.lda	E-d from 1	Nadk/C						
P	29	17S	33E	LOLIUA	Feet from 1 330	Sou	outs Line th	Feet from the 330	East/West line East	County Lea		
	1	Hole Loca							<u> </u>	·		
UL or iot no. P	Section 29	Towaship 17S	Range 33E	Lot Idn	Feet from 330	the North/S	South line th	Feet from the 330	East/West line East	,		
<sup>12</sup> Lee Code		ing Method Cod		Connection D		129 Permit Numbe		C-129 Effective I				
S III. Oil a	P P		12-22	2-96		<u> </u>						
Тгалеро	rter	Transporte	Fransporter N			" POD	<sup>21</sup> O/G	1 .	" POD ULSTR La	cation		
034010		nillips P	and Address					and Description				
034019	40	)01 Penbr lessa, TX	ook		084	1910		SEMGSAU B				
009171	GP	°M Gas Co	rporatio	on		1930	G	L-29-17S-	33E			
Strate States		01 Penbr lessa, TX			L			SEMGSAU B				
IV. Produced Water												
<u> </u>	POD					POD ULSTR Loc	sticz and [	Description				
0841950 V. Well			-29-17S(	J33F	SEMGSA	U BATTERY	•					
	COMPIE pud Date		<sup>14</sup> Ready Da	lie	T	" <b>1</b> D	Τ	<sup>21</sup> PBTD		<sup>19</sup> Perforations		
11-29-9			21-96 4500'				4445			'-4371'		
12-1/4"	" Hole Size	2	" Casing & Tubing Size 8-5/8"			<sup>23</sup> Depth Se 405 <sup>1</sup>		et 🛛	<b>* Sac</b> 275 sx	ks Cement		
7-7/8"			5-1/2"			4499			850 sx			
2-3/8" 4273' VI. Well Test Data												
Date ?			livery Date	<b>N</b>	Test Date	" Test i	Length	" Tbg. P	ressure	** Cag. Pressure		
	12-22-96 12-2					24		-		40		
-	" Choke Size -		<b>" ou</b> 38		4 Water 67		<b>" Gas</b> 31		OF	" Test Method P		
" I bereby cert with and that the knowledge and Signature:	the informatio	rules of the Oil O m given above is	i true sadi com	ivision have   piete to the b	been complied lest of my	Approved by:		NSERVAT	ION DIVIS			
Printed name:		pt. m.		<b></b>		Title:	Reference in the second se					
Title: Ope	<u>Ray F</u> eration	<u>. Martin</u> s Enginee				Approval Date: JAN 07 1997						
}	2-97			15-682-	8873							
" If this is a	change of ep	perator fill in th	• OGRID and	mber and na	ine of the previ	ious operator						
	Previous	Operator Signa	Aure			Printed Name			Title	Date		

2p

## New Mexico Oil Conservation Division C-104 Instructions

	S IS AN AMENDED REPORT, CHECK THE BOX LABLED IDED REPORT AT THE TOP OF THIS DOCUMENT	22.	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.)		
Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.					
			<ul> <li>The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and</li> </ul>		
accom	sst for allowable for a newly drilled or deepened well must be paned by a tabulation of the deviation tests conducted in ance with Rule 111.		this POD has no number the district office will assign a number and write it here.		
	tions of this form must be filled out for allowable requests on ad recompleted wells.	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", stc.)		
Fill out only sections i, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or			MO/DA/YR drilling commenced		
other such changes.			MO/DA/YR this completion was ready to produce		
A separate C-104 must be filed for each pool in a multiple completion. Improperly filled out or incomplete forms may be returned to			Total vertical depth of the well		
			Plugback vertical depth		
operati	ors unapproved.	29.	Top and bottom perforation in this completion or casing		
1.	Operator's name and address		shoe and TD if openhole		
2.	Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.	30.	Inside diameter of the well bore		
•	• •	31.	Outside diameter of the casing and tubing		
3.	Reason for filing code from the following table: NW New Well RC Recompletion	32.	Depth of casing and tubing. If a casing liner show top and bottom.		
	CH Change of Operator AO Add oil/condensate transporter	33.	Number of sacks of cement used per casing string		
	CO Change oil/condensate transporter AG Add gas transporter CG Change gas transporter RT Request for test allowable (Include volume		llowing test data is for an oil well it must be from a test sted only after the total volume of load oil is recovered.		
	requested)	34.	MO/DA/YR that new oil was first produced		
	If for any other reason write that reason in this box.	35.	MO/DA/YR that gas was first produced into a pipeline		
4.	The API number of this well	36.	MO/DA/YR that the following test was completed		
5.	The name of the pool for this completion	37.	37. Length in hours of the test		
6.	The pool code for this pool	38.	Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells		
7.	The property code for this completion				
8.	The property name (well name) for this completion	<b>39</b> .	Flowing casing pressure - oil wells Shut-in casing pressure - gas wells		
9.	The well number for this completion				
10.	The surface location of this completion NOTE: If the	40.	Diameter of the choke used in the test		
	United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box.	41.	Barrels of oil produced during the test		
	Otherwise use the OCD unit letter.	42.	Barrels of water produced during the test		
11.	The bottom hole location of this completion	43.	MCF of gas produced during the test		
12.	Lease code from the following table:	44.	Gas well calculated absolute open flow in MCF/D		
	S State	45.	The method used to test the well:		
	P Fee J Jicarilla		F Flowing P Pumping		
	N Navaio		S Swebbing		
	U Ute Mountain Ute I Other Indian Tribe		If other method please write it in.		
13	The producing method code from the following table:	46.	The signature, printed name, and title of the person		

- 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
- 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. completion
- 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.
- Product code from the following table: O Oil G Gas 21.

- 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 47.

