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

State of New Mexico

Energy, Minerals & Natural Resources Department

Revised October 18, 1994

Instructions on back Submit to Appropriate District Office

District II 821 South Parit, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410			OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505						Submit to Appropriate District Office 5 Copies  AMENDED REPORT					
District IV 2040 South Pack I.	neco, Santa I R	fe, NM 8750 EOUES	s T FOR AI	LLOWAB	LE AN	d <b>AU</b>	THORIZ	ZATI	ON TO TE			DED KEPOKI		
Ricks		Operator nam					<sup>1</sup> <b>OGRID Number</b> 168489							
210 Pa	rk Ave ma City	., Suit							<sup>3</sup> Reason for Filing Code NW					
	mr Namahan		<sup>5</sup> Pool Name						* Pool Code					
* API Number 30 - 025-35678			VACUUM - ATOKA, MORROW NORTH							86800				
<sup>†</sup> Property Code			Property Name STATE VII							* Well Number 7				
II. 10 Surface Location									<del></del>					
Ul or lot no.	Section	Township Range		Lot.idn Feet from th			North/South Line		Feet from the		ast/West line County  East Lea			
A 11 7			34E		000		MOLUI		000	1				
11 Bottom Hole Location  UL or lot no. Section Township Range Lot Idn Feet from the North/South line Feet from the East/West line Co											County			
12 Lse Code 13 Producing M		ing Method				129 Perm	it Number	<u>'</u>	* C-129 Effective Date 17 C-129 Expiration Date					
III. Oil and Gas Transporters														
Transporter OGRID			<sup>19</sup> Transporter Name and Address				<sup>36</sup> POD <sup>21</sup> O/G		22 POD ULSTR Location and Description					
153130/	785D	5Duke Energy Field Services 283D932 G												
	د <del>استنتا</del>	370 17th St, #900 Denver, Colorado												
000734 Amoco PL 283D931 0														
			30x 702068 OK 71470											
											·			
IV Produced Water  POD ULSTR Location and Description														
2830														
	Comple		A Ready Date	<u> </u>	r TD	<u> </u>	2 1077		D.D.			PHC PG MC		
9/3/01.			11/17/01		12750'		12701 '		** Perfor 12551-1	.2627'	527' -			
31 Hole Size			n (	-	" Depth Set 1610 '			<sup>24</sup> Sacks Cement 800						
14-3/4"			8-5	+	·		20'							
7-7/8"							50' GL	)' GL 380 + 900 + 100						
			4-½" 2-3/8"					125	71'	· · · · · · · · · · · · · · · · · · ·				
VI. Well	Test Da		Delia - D	70.00	-4 D-4		3 m	-41	***	<b>.</b>				
11/17/01			* Gas Delivery Date 11/17/01		<sup>9</sup> Test Date 11/21/01		Test Length 24 hrs		* Tbg. 1	5 5	* Csg. Pressure			
" Choke Size 3/4"		0 0		43 Water O			* Gas 114		* A	OF	*Test Method Flowing			
with and that th	ne informatio		il Conservation D e is true and com			OIL CONSERVATION DIVISION								
knowledge and Signature:		Approved by:			ORIGINAL SIGNED BY									
Printed name:	Lynne		uchy				······································		PAUL F. KAUTZ PETROLEUM ENGINEER					
Title:	Drilli	ing Ass	tnt	it			Approval Date:							
Date: 12/20/01 Phone: 405/516-1100														
If this is a	change of op	erator fill ir	the OGRID nu	mber and name	e of the pre	ious ope	rator							
	Previous	Operator Sig	gnature			Prin	ted Name	<del> </del>	W. T	TH	le	Date		

ga († 12

## 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.

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 (Include the effective date.)

  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) 3.

  - 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
- 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
- 12. Lease code from the following table: Federal
  - State

  - Fee Jicarilla

  - Navajo Ute Mountain Ute Other Indian Tribe
- 13. The producing method code from the following table: Flowing Pumping or other artificial lift
- 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
- .\_\_ 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.
  - 21. Product code from the following table:
    O Oil
    G 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.) 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 an autober 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.
- 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
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- Write in 'DHC' if this completion is downhole commingled with another 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. 30.

- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- 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
- 36. MO/DA/YR that gas was first produced into a pipeline
- 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.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- Barrels of oil produced during the test 42.
- 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.
- 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 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 48.