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

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State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised October 18, 1994
Instructions on back

District II 811 South First, Artesia, NM 88210 District III

OIL CONSERVATION DIVISION 2040 South Pacheco

	and the	10HOTO	OH OHOE
Submit to	Appropriate	Distric	t Office
		5	Copie:

1000 Rio Brazos Rd., Aztec, NM 87410

District IV			-	Sant	a Fe, N	NM 875	505				ENDED REPORT		
2040 South Pac			FOR A	LLOWABI	LE AN	D AU	THOR	IZATI	ON TO TR				
I. REQUEST FOR ALLOWABLE AND AUTHORIZATION OPERATING COMPANY							<sup>2</sup> OGRID Number 019174						
122 WEST TAYLOR HOBBS, NM 88240							Reason for Filing Code CO 8-1-98						
API Number 'Pool Name							a			Pool Code			
7 Property Code						SWD, SAN ANDRES  * Property Name			096121 'Well Number				
	II. 10 Surface Location												
Ul or lot no.	Section	Township	Range	Lot.Idn	Feet from			Feet from the	om the East/West line County				
L	35	17S	35E		1986	6 N			1982	Е	. 25		
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 County													
12 T C- 1	13.70					n the North/South I			reet from the	East/West line	County		
12 Lse Code	" Produci	ng Method Co SWD	de 14 Gas	Connection Date	* C	<sup>13</sup> C-129 Permit Number			C-129 Effective	Date 17 (	C-129 Expiration Date		
III. Oil a	nd Gas	<u> Fransport</u>											
OGRID	Transporter "Transporter Name OGRID and Address					<sup>21</sup> POD <sup>21</sup> O/G		<sup>21</sup> O/G		<sup>22</sup> POD ULSTR 1 and Descrip			
037008	- 1	JENEX OP: PO BOX 3				28093	91	0					
	5500000000000000	HOBBS, N		1									
012426	1 -			ELD SERV.	INC	28093	91	0					
	004000000000	PO BOX 5 HOBBS, N		1		120							
130908		PATE TRU		OMPANY		28093	91	0					
	I	PO BOX 10 HOBBS, NI	008 <u>4 8824</u>	1									
				<del></del>			i ka						
IV. Produ	uced Wa rob	iter	<del></del>			4 non					,		
			-		•	- POD UL	SIR Loca	tion and I	escription)				
V. Well (	Complet	ion Data						<del></del>					
<sup>15</sup> Spur	d Date	24 I	Ready Date		27 TD	21 PBTD			3º Perfora	tions	<sup>36</sup> DHC, DC,MC		
	31 Hole Size		32 Casing & Tubing Size			33 Depth Se			4	34 Sa	cks Cement		
	Test Da		,						<u>-</u>				
35 Date N		³⁴ Gas De	livery Date	<sup>17</sup> Test	t Date		и Test Le	ngth	3 Tbg. Pr	ressure	46 Csg. Pressure		
41 Choke Size		41	Oil	43 Water		44 Gas			45 AC	)F	4 Test Method		
47 I hereby certi with and that th	fy that the ru	les of the Oil Co	onservation Di	vision have been of	complied		<del></del>						
knowledge and Signature:	belief.	given adoye is	due and comp		my			IL CO	NSERVAT	ION DIVI	SION		
Printed name:		My de				Approve	d by:	JHIGINA	AL SIGNED B <mark>'</mark>	Y CHRIS WIL	LIAMS		
Ken Hasten													
General Manager Approval								AU	<u>6 1 6 1998</u>	)			
Phone: (505) 393-9174  If this is a change of operator fill in the OGRID number and name of the previous operator													
		Operator Signa											
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

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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.

- Operator's name and address 1.
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- 3.

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) 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.

- The API number of this well 4.
- The name of the pool for this completion 5.
- The pool code for this pool 6
- The property code for this completion
- The property name (well name) for this completion 8.
- 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.
- The bottom hole location of this completion 11.
- Lease code from the following table:
  F Federal
  S State
  P Fee
  J Jicarilla 12.

JNU

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 14. gas transporter
- The permit number from the District approved C-129 for this completion 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.
- The gas or oil transporter's OGRID number 18.
- 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 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", 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.
- Plugback vertical depth 28.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 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 30. this well bore.

- Inside diameter of the well bore 31.
- 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 t'. 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 36.
- 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
- 42. Barrels of oil produced during the test
- Barrels of water produced during the test 43.
- MCF of gas produced during the test 44.
- 45. Gas well calculated absolute open flow in MCF/D
- The method used to test the well: 46.

Flowing Pumping Swabbin

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.