District I

PO Box 1980, Hobbs, NM 88241-1980

District II

811 South First, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

## State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office

## OIL CONSERVATION DIVISION 2040 South Pacheco

5 Copies

| District IV                              | ,                              |                             |                                    |                        | Santa        | a Fe, I            | NM 87                           | 505                          |   |   | Г                    | ] ,,,,,,,                  | NDED REPOR                             |  |  |
|--|--------------------------------|-----------------------------|------------------------------------|------------------------|--------------|--------------------|---------------------------------|------------------------------|---|---|----------------------|----------------------------|--|--|--|
| 2040 South Pacl                          |                                |                             | FOR A                              | HO                     | )WARI        | FAN                | JI) ATI                         | ים רעדי                      | የፖለጥ                                    | ON TO TO  | <br>תיסזא א          |                            | INDED KEPOK                            |  |  |
| RICE O                                   |                                | NG COMPA                    | Operator no                        | d Address              | 71. A1       | עא עוי             | <u>D AUTHORIZATION '</u>        |                              |   | <sup>2</sup> OGRID Number                           |                      |                            |  |  |  |
| 122 WEST TAYLOR                          |                                |                             |                                    |                        |              |                    |                                 | 019                          |   |   |                      | 74 Reason for Filing Code  |  |  |  |
| HOBBS, NM 88240  API Number              |                                |                             |                                    |                        |              |                    |                                 | ·                            |   | CO  | 8-1-98               |                            |  |  |  |
| <b>30-0</b> 25-20207 SWD, GRAYBURG - SAN |                                |                             |                                    |                        |              |                    |                                 |                              | GLORIE                                  | TA  | *Pool Code<br>096111 |                            |  |  |  |
| 7 Property Code VACUUM SWD               |                                |                             |                                    |                        |              |                    | Property Name                   |                              |   |   | 035                  |                            |  |  |  |
|  | Surface                        | Location                    |                                    |                        |              | <del></del>        | · · · · ·                       |                              |   | <del></del>   |                      |                            | <u>.</u>                               |  |  |
| Ul or lot no.<br>H                       |                                |                             | Range Lot.Idn<br>35E               |                        | [dn          | Feet from the 2310 |                                 | North/South Line<br>N        |   | Feet from the 990                                   | 1                    | East/West line County E 25 |  |  |  |
|  | Bottom ]                       | Hole Loca                   | ation                              |                        |              |                    |                                 | - <del>1</del>               |   | <del></del>   | <u> </u>             |                            |  |  |  |
| UL or lot no.                            | UL or lot no. Section Township |                             |                                    | Range Lot Idn          |              |                    | Feet from the                   |                              | outh line                               | Feet from the                                       | East/W               | East/West line County      |  |  |  |
| 12 Lse Code S Producing Method C SWD     |                                |                             | de 14 Gas                          | 14 Gas Connection Date |              | 15 (               | C-129 Pern                      | mit Number                   |   | C-129 Effective I                                   | ate                  | <sup>17</sup> C-1          | 29 Expiration Date                     |  |  |
|  |                                | <u> Fransporte</u>          |                                    |                        |              |                    |                                 |                              |   |   | - 30                 |                            |  |  |  |
| 11 Transporter OGRID                     |                                |                             | 19 Transporter Name<br>and Address |                        |              |                    | <sup>28</sup> POD <sup>21</sup> |                              | <sup>21</sup> O/G                       | <sup>22</sup> POD ULSTR Location<br>and Description |                      |                            |  |  |  |
| 037008                                   |                                | JENEX OPERATING             |                                    |                        |              |                    | 2809392 0                       |                              |   |   | auu i                | zeci ipuo.                 |  |  |  |
| CCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCCC   |                                | O BOX 308<br>OBBS, NM 88241 |                                    |                        |              |                    |                                 |                              |   |   |                      |                            |  |  |  |
| 012426                                   | Ŋ                              | IACLASKE                    | OILFI                              | ELD                    | SERV.        | INC                | 28093                           | 92                           | 0                                       |   |                      | <del></del>                |  |  |  |
| PO BOX 580<br>HOBBS, NM 88241            |                                |                             |                                    |                        |              |                    |                                 |                              |   |   |                      |                            |  |  |  |
| PO BOX                                   |                                |                             | RUCKING COMPANY                    |                        |              |                    | 2809392 0                       |                              |   |   |                      |                            |  |  |  |
|  | <u>F</u>                       | OBBS, NA                    | 1 8824                             | 1                      | · -···,      |                    |                                 | **                           | 1.0                                     |   |                      | <del></del>                | ·····                                  |  |  |
|  |                                |                             |                                    |                        |              |                    |                                 |                              |   | •   |                      |                            |  |  |  |
| V. Produ                                 |                                | ter                         |                                    |                        |              | B000000            |                                 | <u> </u>                     | 888888888888888888888888888888888888888 | <del></del>   | <del></del>          |                            |  |  |  |
| <sup>23</sup> ]                          | POD                            |                             | -                                  |                        |              |                    | <sup>24</sup> POD UI            | STR Loca                     | tion and D                              | escription  |                      | <del>"</del>               |  |  |  |
| /. Well (                                | Complet                        | ion Data                    |                                    | <del></del>            |              |                    | <del></del>                     | <del></del>                  |   |   |                      |                            |  |  |  |
| 25 Spud Date                             |                                |                             | eady Date                          |                        | 27 TD        |                    |                                 | 21 PBTD                      |   | 29 Perforat   | ions                 | ons 34 DHC, DC,M           |  |  |  |
|  | <sup>31</sup> Hole Size        |                             | 32 Casing & Tubing Size            |                        |              |                    | <sup>33</sup> Depth Set         |                              |   | <u> </u>  |                      | <sup>34</sup> Sacks Cement |  |  |  |
|  |                                |                             |                                    |                        |              |                    |                                 |                              |   |   |                      | - Sack                     | Cement                                 |  |  |
|  |                                |                             |                                    |                        |              |                    |                                 |                              |   |   |                      |                            |  |  |  |
| /I. Well                                 | Test Da                        | ta                          |                                    |                        |              | <del></del>        |                                 |                              |   | <u> </u>  |                      |                            | ······································ |  |  |
| 35 Date New Oil                          |                                | 34 Gas Delivery Date        |                                    |                        | 37 Test      | Date               | 34 Test Length                  |                              |   | 39 Tbg. Pressure                                    |                      |                            | 4 Csg. Pressure                        |  |  |
| 41 Choke Size                            |                                | 41                          | 41 Oil 43 W                        |                        |              | ater               |                                 | " Gas                        |   | 45 AOF  |                      | +-                         | 44 Test Method                         |  |  |
| cnowledge and t                          | - unonmanion                   | es of the Oil Co            | nservation Di                      | vision l               | have been of | omplied<br>my      | Approve                         | d boo                        |   | NSERVATI  |                      | _                          |  |  |  |
| Printed name: Ken Hasten                 |                                |                             |                                    |                        |              |                    |                                 | Title: DISTRICT I SUPERVISOR |   |   |                      |                            |  |  |  |
| Tide: General Manager                    |                                |                             |                                    |                        |              |                    | Approval Date: AUG 1 6 1998     |                              |   |   |                      |                            |  |  |  |
| Date:                                    |                                |                             | Phone: (5                          | 05)                    | 393-9        | 174                |                                 |                              |   | AUG 10  | JJ0_                 |                            |  |  |  |
| 4 If this is a ch                        | unge of ope                    | rator fill in the           | OGRID nun                          | ber ar                 | nd name of   | the prev           | ious opera                      | tor                          |   |   |                      |                            |  |  |  |
|  | Previous C                     | perator Signat              | ure -                              |                        | <del></del>  | ·                  | Printe                          | ed Name                      | <del></del>                             | <del></del>   | Ti                   | tle                        | 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

自由的 1952年他的政治的特殊 

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.
- Reason for filing code from the following table:
  NW New Well
  RC Recompletion 3.

Change of Operator (Include the effective date.) Add oil/condensate transporter Change oil/condensate transporter CH AO CO

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 7.
- 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: 12.

State Fee

Jicarilla

Navajo Ute Mountain Ute NU

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 15. this completion
- 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. completion
- 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: Q Qil 21.

Ğ 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 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"; "atc.) 24. Tank",etc.)
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well 27.

- 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 t' total volume of load oil is recovered.

- MO/DA/YR thut 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.
- 40. owing casing pressure - oil wells Shut-in casing pressure - gas wells
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 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
- The method used to test the well: 46. Flowing Pumping 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 48. signed by that person