District I 1625 N. Frencl, Hobbs, NM 88240 District II 811 South First, Artesia NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104
Revised March 25, 1999
Instructions on back
Submit to Appropriate District Office
5 Copie

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

District IV 2040 Pachece				Santa	Fe, N	M 8750	05				43.6	5 Copies
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		1	Operator Name		1411	D ALC	1110		IION I	2 OGRID		
Mobil Pro		X. & N.M	. Inc.							15144		
P.O. Box	4358		TX 77210		3 Reason for Filing Code						ode	
Houston 4	. D.	c. Bool Name					RC					
20.025.22604						5 Pool Name				6 Pool Code		
	perty Code				linebry perty Name					61850		
80	15			State				153				
	Surface I	ocation						······································				
UL or lot no. Section N 26		Township	Range	Lot Idn	Feet from	the	North/South line		Feet from the	East/Wes	t Line	County
¹¹ Bottom Hole		Iolo I oo	34E		610	10 South		1	2130	We	West	
UL or lot no.	Section	Township	Range	Lot Idn	Feet from	n the	North/Sout	h line	Feet from the	East/We:		
				200.1011	· cci iioii	ii uk	North/30di	n tine	reet from the	East/ We	st Line	County
12 Lse Code	13 Pro	ducing Method Code	14 Gas	Connection Date	15	C-129 Permit	Number	$T^{}$	16 C-129 Effectiv	e Date	17	C-129 Expiration Date
F		o - 1-1/2" pu		··-								
III. Oil at	nd Gas T		^									
16 Transpor OGRID	l	Transporter Name and Address			²⁰ POD ²¹ O/G			22 POD ULSTR Location and Description				
36785		te Energy I n: Coco Pu	ergy Field Services			830286 G						
P.O. Box 5			0020						S26, T17S, R34E			
015126	;			TX 79710	2830	1285		0	Bridges St	ate		
Box 900			ine Company			830285 O			S26, T17S, R34E			
	Dall	as		TX 75221	_				Bridges St	ate		
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IV. Produ		ter								7		
23 Pd 2830		24 POD ULSTR Location and Description S26, T17S, R34E										
V. Well (on Data		<u>. </u>		Brio	iges Sta	ate				
	w/o beg		26 Ready Date		27 TD		28	PBTD	29	Perforations	- 	30 DHC, MC
02/06/2002 31 Hole Size			03/09/2002 876			90' 83				- 6976'		50 DHC, MC
						33 Depth Sei			34 Sacks C			cks Cement
12-1/4"			8-5/8"			1600'			1000 sx Class H			
7-7/8"			5-1/2"			8700'			2900 sx TILW + 200 sx Cl.			
	·		<u> </u>	······································					-			
35	Test Da		elivery Date	37 Test Dat		1 30						· · · · · · · · · · · · · · · · · · ·
03/09/2002		03/09		09/17/2002		³⁸ Test Length 24 hrs			39 Tbg.	Pressure		40 Csg. Pressure
41 Choke Size		42 Oil		43 Water		44 Gas			45 /	\OF	-	46 Test Method
49.1		25		172		27			P			
with and that	the information	es of the Oil C on given above	onservation Division is true and comm	sion have been comp elete to the best of m	plied	<u> </u>		Oir C	ONSERVAT	TON KI	/ICIA	
knowledge an	nd belief.	*/7	100		·				/ 3	JAH		; ·
Signature: Printed Name:	Zin	da	Koch			APORTO	MAL S	IGNE! KALIT	7	k.	, ED	٠,
]	Linda G.		·			Title: PA	10 EUN	LENG	INEER C	Hoi	obs	3/
Title: Conti		Approved by Date:										
Date: 01/16/2003 Phone: (713) 431-1287 48 If this is a change of operator fill in the OGRID number and name of the previous						JAN 2 3 2093						
			manuel all	~ mine or the previ	ous operat	oi.				The ampaigness are	101	
	Previous O	perator Signate	ıre		Pr	inted Name			7	itle		Date

New Mexico Oil Conservation Division C.104 Instructions THE TOP OF THIS DOCUMENT K THE BOX LABELED AMENDED REPORT THIS IS AN AMENDED REPORT. CI Report all gas volume 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 A separate C-104 must be filed for each pool in a multiple completion. Improperly filled out or incomplete form may be returned to operators 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. Reasons for filing code from the following table: NW New Well RC Recompletion unapproved. CH Change of Operator AO CO Add oil/condensate transporter Change oil/condensate transporter AG CG 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. 5. 6. 7. 8. 9. The name of the pool for this completion The pool code for this pool The property code for this completion The property name (well name) for this completion The well number for this completion 10. The surface location of this completion NOTE: If the United State 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. The bottom hole location of this completion 11. 12. Lease code from the following table: Federal SP State Fee Jicarilla Navajo Ute Mountain Ute N Other Indian Tribe The producing method code from the following table: F Flowing P Pumping or other artificial lift 14. MO/DA/YR that the completion was first connected to a gas transporter 15. The permit number from the District approved C-129 for this completion 16. MO/DA/YR of the C-129 approval for this completion 17. MO/DA/YR of the expiration of C-129 approval for the completion 18. The gas or oil transporter's OGRID number 19. Name and address of the transporter of the product 20. 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. 21. Product code from the following table: 0 The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery "Jones CPD" etc.) 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 A", "Jones CPD" etc.) 23. 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. 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", etc.) 25. MO/DA/YR drilling commenced 28. MO/DA/YR drilling commenced 29. Total vertical depth of the well 29. Plugback vertical depth 20. Top and bottom perforation in this completion or casing shoe and TD if openhole 20. Write in 'DHC' if this completion is downhole commingled with another completion or 'MC' if there is more than one non-commingled completion in this well bore. Attach actual completed well bore diagram. 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 bottom. 34. Number of sacks of cement used per casing string for 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. 35. MO/DA/YR that new oil was first produced into a pipeline 36. MO/DA/YR that gas was first produced into a pipeline 37. MOIDAIYR that the following test was completed 38. Length in hours of the test 39. Flowing tubing pressure - oil wells Shut-in casing pressure - gas wells 40. Elowing tubing 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 46. The method used to test the well: 47. Flowing 22. A", 23. The method used to test the well: 46. Flowing P Pumping S Swabbing If other method please write it in.

47. 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

48. 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