State Of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

District II 811 South 1st, Artesia NM 88210

District III

1000 Rio Brevos Rd. Aztec, NM 87401

OIL CONSERVATION DIVISION

1000 Rio I District IV		złec, NM 874	101			2040 South Pa			-]			
		Santa Fe NM	87505			Santa Fe, NM	8/303] AMEND	ED REPORT		
		REQU	JEST	FOR .	ALLOW	ABLE AND) AUTI	HORIZ	ZATIOI	N TO TE	RANSF	PORT		
GUY	S OII			1. Operator	name and Addr	ess					GRID Numb			
GUY'S OIL & GAS, LTD., INC. C/O OIL REPORTS & GAS SERVICES, INC.									400450					
P. O. BOX 755,								123453						
HOBBS, NEW MEXICO 88241										3. Reason for Filing Code CO Eff. 04/1/98				
	4. API Nun					Pool Name			L		·			
30-02	25-248	- 1				N ANDRE	-				6. Pool Code 37585			
	7. Property			8. Property Name							9. Well Number			
15060			1 4:		GOVER	NMENT "	E"			003				
Ut or lot no	10. Surface Location Section Township Range Lot. Idn. Feet			Feet from to	he North	N/South Line Feet from		n the	East/West Line		County			
В	25	198	34E		990	Nor	th	19	80	East		Lea		
Ut or lot no		ottom F	_											
В	25	Township 19S	Range 34E	Lot. Idn.	Feet from t	he North Nor	/South Line	Feet from		East/West L East	ine	County		
12 Les Code	13 Produces Made	nd Code		14. Gas Connection		15 C-129 Fernir Number		6 C-125 Efficient		Last	17 C-129 Engineer	Lea		
F III.		P Co	- T							-				
	ensporter	and Ga		TSPORE Tansporter N			20 POD		21 O/G		22 POD III	STR Location		
	GRID	ļ		and Addres	is				21 O/G			escription		
015	604	OLAVAN		IG CO.			0489510		0					
		P. O. BO ARTESIA		EXICO 8	88211-0159									
024	650	WARRE	PETRO											
		P. O. BO TULSA, C		MA 7411	1-1589		0489530		G					
	_													
IV/ Dr	oduce	Ld Wate	·											
V. 1 1	23 POD	u vvale		-,-	24 F	POD ULSTR Location	on and Descrip	otion	·					
·														
<u>V. W</u>		npletio												
	25 Spud Da	ite		26 Ready Da	ate	27 TD		28 PE	ITD	29 Perforation	15	30 DHC, DCMC		
	31 Hole Si	20	32 Casing & Tubing Size			bing Size	33 Depth Set				24	Sacks Cement		
									-					
														
VI \^	روا الم	st Data												
V 1. V 1	35 Date Ne		;	36 Gas Deliv	ery Date	37 Test Dat	e I	38 Test Le	ength	39 Tbg. Press	ure	40 Csg. Pressure		
41 Choke Size									10 00g. 1 1033419					
			42 Oil		43 Water		44 Gas		45 AOF		46 Test Method			
I hereb	y certify that	the rules of C	il Conservat	tion Division	have been com	plied								
knowledge	e and belief.	nation given a	bove is true	and comple	te to the best m	У			ON CON	SERVATION DIV	ISION VED BY			
Signature:					Approved by:			THE LEFT TO THE REAL PROPERTY OF THE PARTY O						
Printed Na							Title:			·	. 11			
	HEAF	RD												
Title: AGEN	ĮΤ						Approval Dat	te:	2.5	C 1				
Date:			- · 		Phone:		 -							
04/22/					505-393-			· · · · · · · · · · · · · · · · · · ·						
⇒/ # this is	a change o	r operator fill i	in the OGRII	O number ar	d name of the p	revious operator								
	Previous Op	erator Signat	ure			Printed Nam	10		T	ītle		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

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

If for any other reason write that reason in this box.

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.
- 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. If the 10
- The bottom hole location of this completion 11.
- 12. Lease code from the following table: F Federal

Federal State Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table: F Flowing P Pumping or other artificial lift 13.

- 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.
- 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.

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:

- 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.
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- 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.

- 31. Inside diameter of the well have
- 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
- MO/DA/YR that the following test was completed 37.
- 38 Length in hours of the test
- Flowing tubing pressure oil well: Shut-in tubing pressure gas well 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- Diameter of the choke used in the test 41.
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D 45.
- The method used to test the well: 46.

Florring 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