District I PO Box 1988, Hobbs, NM \$8241-1988 District II				State of New Mexico Easing, Maserile & Natural Resources Department						Form C-104 Revised February 10, 1994				
PO Drawer DD, Artania, NM 88211-9719				OIL CONSERVATION DIVISION						Instructions on back Submit to Appropriate District Office				
District III 1999 Rie Bruzze Rd., Aztac, NM \$7410				PO Box 2088 Santa Fe, NM 87504-2088						5 Copies				
District IV PO Bez 2008, S	Santo Fe, !	VM 875	H-2008			·		AMENDED REP						
I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT														
												¹ OGRID Nember		
c/o Oil Reports & Gas Services, Inc. P. O. Box 755											/23453 * Resease for Filing Code			
	, New		.co 8	8241								me chng 5-1-97		
* AFI Namber						⁴ Pool Name				Ped Cede				
30 - 0 25-24867			LEA - SAN ANDRES								37585			
Property Code 15060			' Property Name GOVERNMENT "E"								' Well Number			
II. ¹⁰ Surface Location							VERNMEN	Г "E"			3			
Ut or lot so.	Section	_	realp	Range	Lot.lda	Feet	from the	North/South Line		Fest from the	East/West	Las Cosaty		
В	25		19S	34E			990	NORTH		1980	EAST	LEA		
¹¹ Bottom Hole Location														
UL or lot no.		Te	waship	Range	Let Ida		from the	Nerth/Ser		Fost from the	East/West	Les County		
¹¹ Lee Code	25	icine M	19S	34E	Consection i		990 " C-129 Pvr	NOR	-	1980 • C-129 Effective	EAST			
F		P					C-127 FW1				Deta	¹⁷ C-129 Expiration Date		
	nd Gas	_	nsport	ers		I	<u> </u>		<u> </u>		<u> </u>			
Trumps			19 -	Transporter I		T	* F C	D	² O/G		" POD ULST			
01805	F	RIDE	PIPI	ELINE CO	_						and Desc	riptica		
01805	E		вох				0489	510	0					
00465				TX 79604					i					
02465	E E	P. 0.	BOX	1589			0489	0489530 G						
	1	TULSA	, ок	74111-3	1589			_						
	uced W	/ater												
	POD						* POD U	STR Locatio	e and D	Macriptica				
489 V. Well	Comple	tion	Data											
	nd Date		Dala	³⁶ Ready De	nie	ד דD				* Perforations				
			·											
" Hois Size				³⁴ Casing & Tubing Size			²² Depth Set				Sacks Coment			
					· · · · · · · · · · · · · · · · · · ·				•					
	i	<u> </u>							ورور متاريخ					
				, i										
VI. Well Date N			Gas De	livery Date	<u> </u>	Test Data				· · · · · · · · · · · · · · · · · · ·				
						" Test Date		²⁷ Test Length		" Tog. P		" Cag. Pressure		
" Choke Sim		+	4' OI		<u> </u>	4 11/11/10		4 G 54		- AOF		* Test Married		
" I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information gives above is true and complete to the best of my								OIL CONSERVATION DIVISION						
knowledge and belief. Signature: Hour Heard. Approved b														
Printed name:	0													
GAYE HEARD Tide:								Title:						
	MANAGER								Approval Date:					
Date: 06/02/97 Phone: (505) 393-2727 " If this is a change of operator fill in the OGRID number and name of the previous operator														
JERRY	<u>W.</u> GI	UY	- 15 UB	An	mber and nat	ne of the s		HEARD		MANAG		(02/07		
	Previou	Operat	ior Signal				Print	ed Name		MANAGE	R Of	5/02/97 Date		
0	GIRD	#1234	453,	Р. О. В	OX 755,	HOBB	S, NM 8	8241						

		C-104	instructions	
"AMEN	IDED REP	AMENDED REPORT, CHECK THE BOX LABLED ORT" AT THE TOP OF THIS DOCUMENT	22.	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.)
Report	lov lio Ha Na tot tot	olumes at 15.025 PSIA at 60°. umes to the nearest whole barrel. oweble for a newly drilled or deenened well must be y a tabulation of the deviation tests conducted in	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.
accord All sec	lance with tions of t	he form must be filled out for allowable requests on plated wells.	24.	The ULSTR location of this POD if it is different from the well completion location and a short description of the POO (Example: "Battery A Water Tenk", "Jones CPD Water
Ell aut		ttions I, II, III, IV, and the operator certifications for rator, property name, well number, transporter, or	25.	Tank";etc.) MO/DA/YR drilling commenced
other	such char	ges.	26.	MO/DA/YR this completion was ready to produce
A sep comple		104 must be filed for each pool in a multiple	27.	Total vertical depth of the well
Improp	erly fille	d out or incomplete forms may be returned to	28.	Plugback vertical depth
operat	ors'unapp Opers	vroved. tor's name and address	29.	Top and bottom perforation in this completion or casing shoe and TD if openhole
2.	00000	ror's OGBID number. If you do not have one it will	30.	Inside diameter of the well bore
	be as	signed and filled in by the District office.	31.	Outside diameter of the casing and tubing
3.	Reaso NW RC	n for filing code from the following table: New Well Recompletion	32.	Depth of casing and tubing. If a casing liner show top and bottom.
	CH AO	Change of Operator Add oil/condensate transporter	33.	Number of sacks of cament used per casing string
	CO AG CG	Change oll/condensate transporter Add gas transporter Change gas transporter	The fa	Nowing test data is for an oil well it must be from a test cted only after the tetal volume of load oil is recovered.
	ŘŤ	Request for test allowable (include volume requested)	34.	MO/DA/YR that new oil was first produced
	if for	any other reason write that reason in this box.	35.	MO/DA/YR that gas was first produced into a pipeline
4.		PI number of this well	36.	MO/DA/YR that the following tast was completed
5.	The n	ame of the pool for this completion	37.	Length in hours of the test
6. 7.	-	ool code for this pool roperty code for this completion	38.	Flowing tubing pressure - oil weils Shut-in tubing pressure - gas weils
8,		roperty name (well name) for this completion	39.	Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
9.		vell number for this completion	40.	Diamater of the choke used in the test
10.	معنمان	surface location of this completion NOTE: If the d States government survey designates a Lot Number	41.	Barrels of oil produced during the test
	for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.			Barrais of water produced during the test
11.	The b	ettom hole location of this completion	43.	MCF of gas produced during the test
12.	Lease	code from the following table:	44.	Gas well calculated absolute open flow in MCF/D
	F \$ P	Federal State Fee	45.	The method used to test the well: F Flowing P Pumping
	J N	Jicarilla Navajo Navajo		8 Swabbing If other method please write it in.
	Ŭ	Ute Mountain Ute Other Indian Tribe	46.	The signature, printed name, and title of the person
13.	The p P	producing method code from the following table: Flowing Pumping or other artificial lift		authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report
14.	MOR	DA/YR that this completion was first connected to a ransporter	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
15.		permit number from the District approved C-129 for sompletion		operates this completion, and the date this report was signed by that person
16.	MOR	DA/YR of the C-129 approval for this completion		
17.		DA/YR of the expiration of C-129 approval for this plation		
18.	The	gas or oil transporter's OGRID number		
19.	Nam	e and address of the transporter of the product		
20.	will I	number assigned to the POD from which this product be transported by this transporter. If this is a new well completion and this POD has no number the district a will assign a number and write it here.		
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- Product code from the following table: O Oil G Gas 21.

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