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

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104

District II NO Drawer DD, Artesia, NM 88211-0719

OIL CONSERVATION DIVISION

Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office

District III	D.J. America		_		PO	Box 2088			Subr	nit to A	ppropr	iate District Offic		
1000 Rio Brazo District IV	s Rd., Aztec,	, NM 87410		Santa	Fе,	NM 87504	4-2088	;		_		5 Copie		
PO Box 2068, 8	ianta Fe, NM	[87504-2088								L		ENDED REPOR		
I.	K	EQUEST	FOR A	LLOWAI	BLE	AND AU	THOE	RIZAT	ION TO T	RANS	PORT	ŗ		
	& Marrs		Operator na	and Addres	*						¹ OGRID Number			
P. O. I						89								
Kermit,	Texas	79745									for Filing	Code		
ļ	LPI Number								CH Eff	activ	a 12/	/1 /04		
30 - 0 25-		Pool Nam	Pool Name				Feffective 12/1/94 Pool Code							
			Lea San Andres						_		375			
	roperty Code		Property Name									Vell Number		
	6133		Government "E"									6		
II. 10 (Section	Location	T 5											
0101 20.	Ci ui ax su. Secusa Iswaia		Range Lot.ldn Fe			t from the North/South Lin		outh Line	Feet from the	East/W	East/West line County			
H 11.7	25	19S	34E			1800	МОІ	RTH	990	EAS	ST	LEA		
	Bottom	Hole Loca												
UL or lot no.	Section	Township	Range Lot Idn		Fe	et from the	North/S	South line	Feet from the	East/W	est line	County		
Н	25	195	34E			1800	NORTH		990	EAS	ፍጥ	LEA		
12 Lae Code	12 Produci	ng Method Coc	de 14 Gas	Connection Date	ie	14 C-129 Permi			* C-129 Effective			129 Expiration Date		
F		D'A2												
III. Oil a	nd Gas										<u> </u>			
Transpor		19 -	Transporter?			" POI	D 21 O/G		" POD ULSTR Location					
		ride Pino	Pipeline Co.			 					Description			
018053		O. Box		J•		04895	10	0						
various de la constitución de la		oilene, T		9604		2 (1) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2								
024650	Wa	rren Pet	et. Corp.			******************		**********						
	P. O. Bo		1589				0489530 G							
en de la companya de La companya de la co	Tu	lsa, OK	74111-3	1589										
														
My Section Section								2012						
ianaministania:	anaa.ik					2								
La ndon Asilia							İ							
						2.00		Bure said 180						
IV. Produ	iced Wa	ter												
в 1	POD					" POD UL	STR Loca	tion and D						
<u> </u>						-		MAG 455 -	Caci i passu					
V. Well (Completi	ion Data						 -				·		
13 Spe	d Date		" Ready Da	ate		" TD			¹¹ РВТО		21			
			• • •			••			- FOID		•-	Perforations		
	™ Hole Size		31 Casing & Tubing Siz				¹¹ Depth Se				" ·			
							Debra Ser			" Sack	s Cement			
														
 -														
VI. Well	Test Dat													
H Date No	r≖ Oii	™ Gas Deli	™ Test Date		e	77 Test Length		M Tbg. Pressure			^и Cag. Pressure			
 -												•		
" Choke Size		" (4 Oil 4 Water			4 Gas			" AOF		+	" Test Method		
										•		100 1100000		
I bereby certif	y that the rule	es of the Oil Co	macryation Di	ivision have been	n com	plied								
knowledge and b	elief.	BIAGO SPOAG 18 (true and comp	plete to the best of	of my		OI	L CON	NSERVATI	ON D	IVISI	ON		
Signature:	Xan	en &	VOU	/ /_		Approved	bv:		har					
Printed name		Orig. Signed by												
La Title:	1 iue:	Geologist												
Ac	Approval	Approval Date:												
Date: 12/5/		000 20 10 4												
" If this is a ch	ange of oper	stor fill in the	OGRID BUR	5) 393-27	of the	previous operate	or			نا وخلا				
							√ W. G	11 V		Own	ar 1	2/5/94		
V	Previous Op	perator Signatu	ire				Name			Thu		Date		
	lly	W' Th	us			Ogri	.d #12:	3453						

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 bar

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.

- 1. 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. 2.
- Reason for filing code from the following table: NW New Well RC Recompletion 3.

RC CH AO CO AG CG RT

Recompletion
Change of Operator
Add oil/condensate transporter
Change oil/condensate transporter
Add gas transporter
Change gas transporter
Request for test allowable (incorported) 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
- 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 12.

Fee Jicarilla

Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table: 13.

Flowing Pumping or other artificial lift

 $\ensuremath{\mathsf{MO/DA/YR}}$ that this completion was first connected to a gas transporter 14.

- 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.
- 18. The gas or oil transporter's OGRID number
- 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: 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.
- 25. MO/DA/YR drilling commenced
- 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 σ_{ℓ} casing shoe and TD if openhole 29.
- Inside diameter of the well bore 30.
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- 33. Number of sacks of cement used per casing string

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 34.
- MO/DA/YR that gas was first produced into a pipeline 35
- 36. MO/DA/YR that the following test was completed:
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/C 44
- 45. The method used to test the well:

Flowing Pumping Swabbing

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 46.
- 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 47.

13 **3** 9

154 (E