

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 21, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Union Oil Company of California P.O. Box 671 Midland, TX. 79702		OGRID Number 023710
API Number 30 - 0 25-26529	Pool Name GEM MORROW (GAS)	Reason for Filing Code CG; Change Gas Transporter Code Effective 10/01/94.
Property Code 011472	Property Name Maduro Unit	Pool Code 77370
		Well Number 002

II. ¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West line	County
C	32	19S	33E		660'	North	1980'	West	Lea

¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South line	Feet from the	East/West line	County
Lee Code F	Producing Method Code F	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
022507	Texaco 1400 Smith Houston TX 77002	2550410	O	
032109	Hadson Energy 921 West Sanger Hobbs NM 88240 <i>Formerly Liano Inc</i>	2550430	G	
005097	Conoco Inc P.O. Box 1267 Ponca City OK 74602-1267	2550431	G	

IV. Produced Water

POD 2550450	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Csg	AOF	Test Method

"I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature:

Susan Bond

Printed name: Susan Bond

Title: Regulatory Supervisor

Date: 6/12/95

Phone: (915) 685-7656

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY
GARY WINK
FIELD REP. II

Approval Date

JUN 14 1995

"If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED
"AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°.

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 filled 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 an OGRID number,
be assigned and filled in by the District office.

Reason for filling code from the following table:

RT Request for test allowable (include volume requested)
CG Change gas transporter
AG Add gas transporter
CO Change oil/condensate transporter
AO Add oil/condensate transporter
CH Change of Operator
RC Recompletion
NW New Well

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

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

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.

The bottom hole location of this completion

Lease code from the following table:

F Federal
S State
P Fee
J Judicial
N Navajo
U Ute Mountain Ute
I Other Indian Tribe

The producing method code from the following table:

P Pumping or other artificial lift
F Flowing

MO/D/A/Y/R that this completion was first connected to a
gas transporter

The permit number from the District approved C-129 for
this completion

MO/D/A/Y/R of the C-129 approval for this completion

MO/D/A/Y/R of the expiration of C-129 approval for this
completion

The gas or oil transporter's OGRID number

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
office will assign a number and write it here.

Product code from the following table:

O Oil
G 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.)

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.

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.)

MO/D/A/Y/R drilling commenced

MO/D/A/Y/R this completion was ready to produce

Total vertical depth of the well

Plugback vertical depth

Top and bottom perforation in this completion or casing

shoe and TD if openhole

Inside diameter of the well bore

Outside diameter of the casing and tubing

Depth of casing and tubing. If a casing liner show top and
bottom.

Number of sacks of cement used per casing string

The following test date is for an oil well it must be from a test
conducted only after the total volume of load oil is recovered.

MO/D/A/Y/R that new oil was first produced

MO/D/A/Y/R that gas was first produced into a pipeline

MO/D/A/Y/R that the following test was completed

Length in hours of the test

Flowing tubing pressure - oil wells

Shut-in tubing pressure - gas wells

Flowing casing pressure - oil wells

Shut-in casing pressure - gas wells

Diameter of the choke used in the test

Barrels of oil produced during the test

Barrels of water produced during the test

MCF of gas produced during the test

Gas well calculated absolute open flow in MCF/D

The method used to test the well:

F Flowing

P Pumping

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

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

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RECEIVED

JUN 13 1981

OFFICE