District I PO Bex 1900, Bobbs, NM \$4241-1906 District []

State of New Mexico
gr, Mastrik & Natural Resources Department

Form C-104 Revised February 10, 1994 Instructions on back

PO Drawer DD, Artesla, NM 84311-4719 District III

OIL CONSERVATION DIVISION

PO Box 2088

Submit to Appropriate District Office

PO Box 2088

5 Copies

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30 - 0 25-			SHIPP, STRAWN							1 Pool Code 55695			
16	reporty Code		STATE 2							Well Number			
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III. Oil a	nd Gas	Transpor							<del></del>		L.—		
Triaipoi OGRID		" Transporter Name and Ad-Irees				<b>" PO</b>	# POD # O/G		/	U dos	LSTR Lo Descriptio		
022628		TEXAS NEW MEXICO PIPELINE P. O. 60028				20391	39110 0						
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knowledge and b	chief	0	5//		~ <del>-</del> -,			L CON	SERVATI(	וט אנ	(VISI(	NC	
Printed name:	JØHN R.	ELIXON	<u>//</u>				Approved by:  ORIGINAL SIGNED BY JERRY SEXTOM						
Fith:		Title: DISTRICT   SUPERVISOR											
/	Approval	Date: M	IAR 2 (	1995									
	03/14/9			34)432- aber and nam		previous operato	or						
<del></del>		perator Signat											
	Printed	Printed Name			Title	;	Date						

## IF THIS IS AN AMENDED REPORT, C "AMENDED REPORT" AT THE TOP OF T K THE BOX LABLED DOCUMENT

Report all gae 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 set ampanied by a tabulation of the deviation tests conducted in a poordance with Rule 111.

 $\ensuremath{\mathcal{R}}\xspace$ ll 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.

 $l:\mathsf{nproperty}$  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.
- Reason for filing code from the following table: NW New Well 3.

RCH AO CO AG CRT

New Well
Recompletion
Change of Operator
Add oil/condensate transporter
Change oil/condensate transporter
Add gas transporter
Change gas transporter
Request for test allowable (Include volume requested) request for test allowable (include virginiary other reason write that reason in this box.

- 4 The API number of this well
- The name of the pool for this completion 5.
- 6 The pool code for this pool
- 7. The property code for this completion
- The property name (well name) for this completion 8.
- 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. 10.
- The bottom hole location of this completion 11
- Lease code from the following table:

- Federal? State Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: 13.

Flowing Pumping or other artificial lift

#40/DA/YR that this completion was first connected to a

- 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. completion
- The gas or oil transporter's OGRID number 18.
- 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.

\$ ... \* # # 2 ...

Product code from the following table:
O Oil
G Gas 21.

- The UL location of this POD if it is different from the well conspection 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
- Total vertical depth of the well 27.
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30 Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom.  $% \label{eq:casing_show} % \begin{subarray}{ll} \end{subarray} % \begin{subar$ 32.
- 33. Number of sacks of cement used per casing string

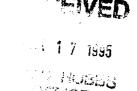
The following test date is for an oil well it must be from a test conducted only after the total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced 34.
- 35. MO/DA/YR that gas was first produced into a pipeline
- 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
- 44. Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well:

Flowing Pumping Swabbin

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



OFFICE