

District I  
1625 N. French Dr., Hobbs, NM 88240  
District II  
1301 W. Grand Avenue, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources  
Oil Conservation Division  
1220 South St. Francis Dr.  
Santa Fe, NM 87505

Form C-10  
Reformatted July 20, 200  
Submit to Appropriate District Office  
5 Copie

☐ AMENDED REPOR

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address Wagner Oil Company 3400 City Center Tower II 301 Commerce Fort Worth, Texas 76102		<sup>2</sup> OGRID Number 177888
		<sup>3</sup> Reason for Filing Code/ Effective Date Placed well back on production 12-15-02
<sup>4</sup> API Number 30 - 025-31533	<sup>5</sup> Pool Name Tonto;Yates-Seven Rivers South	<sup>6</sup> Pool Code 59480
<sup>7</sup> Property Code 30920	<sup>8</sup> Property Name Gerniomo Federal	<sup>9</sup> Well Number 10

II. <sup>10</sup> Surface Location

Ul or lot no. C	Section 31	Township 19S	Range 33E	Lot.Idn	Feet from the 660	North/South Line	Feet from the 1575	East/West line	County Lea
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<sup>11</sup> Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
<sup>12</sup> Lse Code F	<sup>13</sup> Producing Method Code F	<sup>14</sup> Gas Connection Date	<sup>15</sup> C-129 Permit Number n/a	<sup>16</sup> C-129 Effective Date n/a	<sup>17</sup> C-129 Expiration Date n/a				

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> POD	<sup>21</sup> O/G	<sup>22</sup> POD ULSTR Location and Description
037480	EOTT Energy Pipeline P.O. Box 4666 Houston, Texas 77210-4666	1931910	O	Unit D Section 31, T-19-S, R-33-E
005097	ConocoPhillips P.O. Box 1267 Ponca City, OK 74602-1267	1935030	G	Unit D Section 31, T-19-S, R-33-E

IV. Produced Water

<sup>23</sup> POD 1931950	<sup>24</sup> POD ULSTR Location and Description Unit D, Section 31, T-19-S, R-33-E
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V. Well Completion Data

<sup>25</sup> Spud Date 03-17-92	<sup>26</sup> Ready Date 12/15/02	<sup>27</sup> TD 3250'	<sup>28</sup> PBTD 3150'	<sup>29</sup> Perforations 2962' - 3076'	<sup>30</sup> DHC, MC n/a
<sup>31</sup> Hole Size 12 1/4	<sup>32</sup> Casing & Tubing Size 8 5/8 24# K-55	<sup>33</sup> Depth Set 507'	<sup>34</sup> Sacks Cement 275		
7 7/8	4 1/2 10.5 K-55	3249'	1050		
	2 3/8	2875'			

VI. Well Test Data

<sup>35</sup> Date New Oil 12-15-02	<sup>36</sup> Gas Delivery Date n/a	<sup>37</sup> Test Date 01-03-03	<sup>38</sup> Test Length 24 hrs	<sup>39</sup> Tbg. Pressure 250	<sup>40</sup> Csg. Pressure 250
<sup>41</sup> Choke Size 14/64	<sup>42</sup> Oil 9	<sup>43</sup> Water 114	<sup>44</sup> Gas 0	<sup>45</sup> AOF n/a	<sup>46</sup> Test Method Flowing

<sup>47</sup> 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: Sabrina Bonner		OIL CONSERVATION DIVISION Approved by: ORIGINAL SIGNED BY PAUL F. KAUTZ PETROLEUM ENGINEER	
Printed name: Sabrina Bonner		Title:	
Title: Regulatory Analyst		Approval Date: JAN 8 2003	
Date: 01-20-03	Phone: 817-335-2222		

New Mexico Oil Conservation Division  
C-104 Instructions

Please Note: Use form C-104A for "Change of Operator" and form C-104B for "Change of Operator Name".

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°.  
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 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

2. 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  
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.

4. The API number of this well.

5. The name of the pool for this completion.

6. The pool code for this pool.

7. The property code for this completion.

8. The property name (well name) for this completion.

9. The well number for this completion.

10. 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.

11. The bottom hole location of this completion.

12. Lease code from the following table:  
F Federal  
S State  
P Fee  
J Jicarilla  
N Navajo  
U Ute Mountain Ute  
I Other Indian Tribe

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

14. MM/DD/YY that this completion was first connected to a gas transporter.

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

16. MM/DD/YY of the C-129 approval for this completion.

17. MM/DD/YY of the expiration of C-129 approval for this completion.

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

19. Name and address of the transporter of the product.

20. 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.

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

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.)
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.

24. 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.).

25. MO/DA/YR drilling commenced.

26. MO/DA/YR this completion was ready to produce.

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.

30. Write in 'DHC' if this completion is downhole commingled with another completion or 'MC' if there is more than one non-commingled completion in this well bore. Attach actual completed well bore diagram

31. Outside diameter of the casing and tubing.

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

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.

34. MM/DD/YY that new oil was first produced.

35. MM/DD/YY that gas was first produced into a pipeline.

36. MM/DD/YY that the following test was completed.

37. Length in hours of the test.

38. Flowing tubing pressure - oil wells  
Shut-in tubing pressure - gas wells

39. Flowing casing pressure - oil wells  
Shut-in casing pressure - gas wells

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:  
F Flowing  
P Pumping  
S Swabbing  
If other method please write it in.

46. 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.