State of New Mexico
E. _y, Minerals & Natural Resources Department

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

Submit to Appropriate District Office 5 Copies

PO Box 1980, Hobbs, NM 88241-1980 District II PO Drawer DD, Artesia, NM 88211-0719 OIL CONSERVATION DIVISION District III P.O. Box 2088

ľТ

1000 Rio Brazos Re	d., Aztec	, NM 8	37410		Sa		NM 8750	1_2088	2				5 Cop		
District IV PO Box 2088, Sant	a Fe, NM	f 87504	4-2088		Da	ma rc,	11111 0750	4 -2000	•			AME	NDED REPOI		
I.		RE	EQUEST	FOR	ALLO)WABI	LE AND A	UTH	ORIZAT	TON TO T	RANS	SPOR 1	r		
			-	ator name	and Addi	ess						OGRID Number			
Shell West	.			MC DEES	1 888 A C C D 1 M		020676								
P.O. Box 576 Houston, TX 77001 TMIS WELL HAS DESIGNATED BEI							IF YOU DO I	3 R	³ Reason for Filing Code						
		NOTIFY THIS OFFICE						New Well							
4 4		⁵ Pool Name						6 Pool Code							
30-0				٧	ACUUM MIDI	CUUM MIDDLE PENN			(4 / 9 623						
⁷ Property Code 10120							8 Property Name						ell Number		
		STATE "A'						10							
п.	Surfa	ace L	ocation.												
UL or lot no.	Section	n 1	l'ownship	Range	Lot.	ldn F	eet from the	rom the North/South Line Fe		Feet from the	e East/West line		County		
Α	31		178	358	 	ŀ	940	N	ORTH	940	E	EAST LE			
11	Botto	m H	lole Loc	ation			·								
UL or lot no.						eet from the North/South L		South Line	Feet from the	East/\	East/West line Cour				
12 Lse Code	12 - 12 - 1		Markadoa	1 14 0			15 0 10 2								
S S	" PIOC	oducing Method Co					15 C-129 Permit Number		per 16	C-129 Ellocuve	Date	te 17 C-129 Expiration Da			
L					3/22/95		NA NA			NA NA	NA NA		NA NA		
III. Oil and	d Gas	Tra													
OGRID	OGRID 19 Tra						20 POD 21 O		21 O/G	22 POD ULSTR Location and Description					
022628		TEXAS-NEW MEXICO			PIPELIN	Ε	28058	2805821		A, SEC. 31, T17S-R35E					
		P. O. BOX 2528								"STATE A" B	ATTER	TTERY			
HOBBS, NM (
009171		GPM GAS CORPORATION 4044 PENBROOK					2263830 G			A, SEC. 31, T17S-R35E "STATE A" BATTERY					
			SSA, TX 79762							VIAIE A BALLERY					
			·				44-11-0020-7-19-00	34, 07, 79							
				·				10.44					· · · · · · · · · · · · · · · · · · ·		
IV. Produc	ed W	ater													
²⁵ POD					-		24 POD ULST	R Locati	on and Desc	ription					
28058	23		A, SEC. S	31, T17	7S-R351	E: "STAT	E A" BATTE	RY		-					
V. Well Co	mple											·			
²⁵ Spud Da				eady Date)		²⁷ TD		28	PBTD	- -	29 Peri	forations		
2/3/95		5/19/95		10,70			00		10,678		10	,524-1			
³⁰ Hol	31			ng & Tubi	ng Size		32 Depth Set				Sacks Cer	-			
24*					20"		40'			60					
17-1/2"				40		4.50.4)									
					3/8" (5			1478'			1350				
12-1/4"				9.	-5/8" (36#)		3706'			1250				
8-:		7"	(23# &	26#)		10,700			2880						
VI. Well Te	as Dalin -				27			20							
			•	y Date 36 Test Date			37 T	37 Test Length		38 Tbg. Pressure		39 Csg. Pressure			
			5/19/95				24 HOURS			420		0			
40 Choke Size	1		⁴¹ Oil		42	43 Gas		44 AOF		45 Test Method					
15/64		240				11		295		F			F		
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							OIL CONSERVATION DIVISION								
the best of my know	vlodge a	ud peli	of.	oove is if	uc and cor	upiete to	Ann===== 11			~~~ 1/2 I I U ! \		PIOI			
Signature:	Mue	3M			Approved by: ORIGINAL SIGNED BY										
Printed name:					Title: GARY WINK										
Title:					Approval Date:										
MGR ASSET ADMINISTRATION							JUN 02 1995								
Date: MAY 26, 1995 Phone: (713)-544-3226															
47 If this is a chan	ge of op	erator i	fill in the OC	RID nun	ber and n	me of the	previous operato	r							
	n.	vicus	Onereter S'		 .	3.		1 37							
	Operator Sig	gnature			Printed Name				Title		Date				

New Mexico Oil Conservation Division C-104 Instructions

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 degrees. 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 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.

- Operator's name and address 1.
- 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

 CH Change of Operator

 AO Add-oil/condensate transporter

 CO Change oil/condensate transporter

 AG Add gas transporter

 Change Gas transporter 3.

Change Gas transporter
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 7.
- 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 10. number 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 11.
- Lease code from the following table: 12

Federal

SP State

Fee

Jicarilla NNU

Navajo Ute Mountain Ute

Other Indian Tribe

The producing method from the following table: 13.

Flowing Pumping or other artificial lift

- MO/DA/YR that this completion was first connected to a 14. gas transporter
- The permit number from the District approved C-129 for 15 this completion
- 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 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 number the district office will assign a number that write the district of the control of the c 20.
- Product code from the following table: 21.

Oil

- The ULSTR location of this POD if it is different from the 22. 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 23. from this property, If this is a new well or recompletion and the POD has no number the district office will assign a number and write it here.
- well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- 28 Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Inside diameter of the well bore 30.
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and 32.
- Number of sacks of cement used per casing string 33

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

Flowing

F

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. 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.

