District I

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

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised October 18, 1994

811 South First, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV		NM 87410	OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505						Instructions on back Submit to Appropriate District Office 5 Copies AMENDED REPORT			
2040 South Pach			EOD AI		חוד ו	ANID ATT	rii () n i	77 A 773T	ON TO TO			
1.	K1	1	Operator national IBR/Sharp P. O. B	AND AU	<u>I HORI</u>	ZAII	ON TO TRANSPORT OGRID Number 036554					
			Midland,				³ Reason for Filing Code					
			wiidianu,				RT for 1000 BBL for 11/00					
	PI Number		⁵ Pool Name No					rthe	2ast		Pool Code	
30 - 025-35175			San Andres					Vacuum Blinebry 971			(10)	
⁷ Property Code 26429			⁸ Property Name Angel "13" State							Well Number		
		Location										
Ul or lot no. Section Township			Range Lot.Idn Feet from the North/South Line Feet from the							East/West line County		
G	13	17S	35E		2310 North			2310	East	Lea		
11 I	Bottom I	Hole Loca	ation							- <u>- , , , , , , , , , , , , , , , , , ,</u>		
UL or lot no.	UL or lot no. Seon Township		Range	Lot Idn Feet		from the	North/South line		Feet from the	East/West	line County	
¹² Lse Code S	13 Producii	ng Method Cod P	ode 14 Gas Connection Date			15 C-129 Permi	t Number	1	⁶ C-129 Effective Date 17 C-129 Expiration Date			
	nd Gas T	ransport	arc .									
18 Transpor			Transporter !	²⁰ POI	<u> </u>	²¹ O/G	²² POD ULSTR Location					
OGRID 15694 Nava			and Address						and Description			
13094	•			jo Refining Company : 159, Artesia, NM 88211-0159			282708 6 0			G-13-17S-35E		
			Encoder Service Control of the Contr			with the second						
					of models							
					ny mis							
E. L. C.			-									
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IV. Produ	ced Wat	ter			· · .							
2827	086			²⁴ POD ULSTR Location and Description G-13-17S-35E								
V. Well C					<u>-</u>				TD 29 Perforations			
²⁵ Spud Date 9/23/00			Ready Date 11/4/00		²⁷ TD 73 00	7300				²⁹ Perforations		
30 Hole Size			³¹ C	7500	32	Depth Set	7248 7089-7226 33 Sacks of Cement					
11				85/a			1820	650				
71/6				51/2			7300	950				
 -												
VI Well 7	Feet Dat		_									
I. Well Test Data 35 Date New Oil 36 Gas D			elivery Date 37 Test		Γest Date		38 Test Length		³⁹ Tbg. Pressure		4 Csg. Pressure	
41 Choke Size		4	⁴ Oil ⁴³ W		Water	ter			45 AOF		" Test Method	
47 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: Signature: Signature: Signature:							OIL CONSERVATION DIVISION OF Approved by:					
Printed name:	Jeffrey D.	Phillips	, —		,	Title:			-			
Title: V. P. Production							Approval Date:					
Date: 11/10/00 Phone: (915) 699-5050												
48 If this is a cha	ange of opera	ator fill in the	OGRID numi	ber and name	e of the pr	evious operato						
	Previous Op	perator Signati	ure			Printed	Name			Title	Date	

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 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.

- 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.
- 3.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator (Include the effective date.)

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.

If for any other reason write that reason in this box.

- The API number of this well 4.
- The name of the pool for this completion 5.
- 6. The pool code for this pool
- 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 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
 P Fee
 J Jicarilla 12.

Navajo Ute Mountain Ute Other Indian Tribe

The producing method code 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 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.
- Product code from the following table: 21.

O G Oil 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.) 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.
- MO/DA/YR drilling commenced 25.
- 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 or casing shoe and TD if openhole 29.
- Write in 'DHC' if this completion is downhole commingled with another completion. 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in 30. this well bore.

- Inside diameter of the well bore •3 °
- Outside diameter of the casing and tubing 32.
- Depth of casing and tubing. If a casing liner show top and 3.3
- Number of sacks of cement used per casing string 34.

If 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 35.
- MO/DA/YR that gas was first produced into a pipeline 3**6**.
- MO/DA/YR 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.

- 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 47.
- 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 48.