District I

PO Box 1980, Hobbs, NM 88241-1980

District II

811 South First, Artesia, NM 88210

District III

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised October 18, 1994 Instructions on back

Submit to Appropriate District Office

OIL CONSERVATION DIVISION

1000 Rio Brazo	s Rd., Aztec	, NM 87410				th Pache NM 87.						5 Cop	
District IV 2040 South Pac	heco, Santa I	Fe, NM 87505		54	uita i c,	1111 07.	303				\beth_{AMI}	ENDED REPOR	
•			FOR A	LLOWA	BLE A	ND AU	THOR	IZATI	ON TO TR	ANSI	PORT		
		•	Operator na	une and Addr	ess				10 110		ID Numb	er	
	Inc.					036554							
				Box 10970 . TX 7970	2					³ Reason for Filing Code			
			,	111 7570	-				N /			or 01/01	
	PI Number		VE V	acun	m	5 Pool Name	:		KII	1300		Pool Code	
	025-3521		Wildest & 035173513E; Bli					iebry	97021				
⁷ Property Code 26807					8 Property Name Angell Phillips "13" State					'Well Number			
10		Location			Angen	Phillips "	3" Stat	:e	····			1	
Ul or lot no.	Section	Township	Range	Lot.Idn	Feet fro	om the	North/Sc	outh Line	Feet from the	Foot/N	est line		
P	13	17S	35E		96	90	Sou		990	1		County	
11 I	Bottom F	Iole Loca	tion	<u> </u>			500		770	E	ast	Lea	
UL or lot no.	Seon	Township	Range	Lot Idn	Feet fre	om the	North/S	outh line	Feet from the	Fost/W	Yout Han		
							Journ mic		x cet it om the	East/West line		County	
12 Lse Code S	13 Producii	ng Method Code	e 14 Gas	Connection D	ate 15	C-129 Permi	t Number	1	C-129 Effective I	Date	¹⁷ C-1	29 Expiration Date	
	d Con T	P		<u> </u>		·				······································			
I. Oil ar 18 Transpor		ransporte		Nome		16		, , 					
OGRID	OGRID		19 Transporter Name and Address			²⁰ POD ²¹ O/G				22 POD ULSTR Location and Description			
15694		Navajo Refining Company				2827803 0							
		P. O. Box 159, Artesia, NM 88211-0159								P-13-17S-35E			
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7. Produ	ced Wet				**************************************	e							
	OD	<u> </u>				4 DOD III C	TD 1				 .		
2828-	262					²⁴ POD ULS	TR Locat P-13-17		escription				
. Well C	ompletic	on Data											
25 Spud			Ready Date		27	' TD			²⁸ PBTD		10		
10/31/00			1/5/01		8465		i <u>5</u>		8398	29 Perforations 7062-7136.5			
30 Hole Size			³¹ Casing & Tubing Size		g Size	32 Depth Se		Depth Set			33 Sacks of Cement		
121/4			85%			1865					72	5	
7%			51/2				8460			1325			
													
. Well T	est Data	1				<u> </u>				-			
35 Date New Oil		34 Gas Delivery Date		³⁷ Te	37 Test Date		38 Test Length		39 Tbg. Pres	sure	re ⁴⁰ Csg. Pressure		
1/8/0		N/A			I/A				<u> </u>		g		
CHOKE !	SIZE	⁴² Oil		43 Water			" Gas		45 AOF		" Test Method		
hereby certify	that the rules	s of the Oil Cons	servation Div	ision have hee	n complied						<u> </u>		
th and that the i	intormation g	iven above is tru	ie and compl	ete to the best	of my		OI	L CON	ISERVATI	ON D	IVISIO	on l	
nature:	111	A	,21	7/ .		Approved i							
nted name:	Jeffey D. P	Millips	TL	Ujs		Title:				. '			
le:		rice n AP. N											
						Approval D	ate:			****** •			
.e: 01	1/30/01		Phone: (915	none: (915) 699-5050									
if this is a char	nge of operat	or fill in the O	GRID numb	er and name o	of the previo	ous operator							
1	Previous Ope	erator Signature	•			Printed 1	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.

- 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.
- 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.

- The API number of this well 4.
- 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
- 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: 12.

SPJNUI

ge from the following Federal State
State
Fee
Jicarilla
Navajo
Ute Mountain Ute
Other Indian Tribe

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

- 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:
 O Oil 21.

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 this well bore. 30.

- Inside diameter of the well bore 31.
- 32. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and 33.
- Number of sacks of cement used per casing string

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
- 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 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
- MCF of gas produced during the test
- 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 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.