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 2040 South Pacheco

RT

District IV	u., Aztec, N	M 87410		San	ta Fe, NM	87505			_		5	
2040 South Pacheco										X AM	ENDED RE	
1.	RE	QUEST :	FOR A	LLOWAB	LE AND	<u>A</u> UTHOR	RIZAT	ION TO T	RANSI	P∩RT		
			perator n	ame and Address p Drilling, I	S					AID Numl		
	nc.			036554								
P. O. Box 10970 Midland, TX 79702							ļ					
		٠.	viidiaiid.	, 1A 79/02					3 Reason	for Filing	Code	
⁴ API N		5 Dool No			AG							
	5-35249		Vocume Plinches AV							6	Pool Code	
⁷ Property Code			Vacuum; Blinebry, NE 8 Property Name						97021			
2686			Angell Marathon "13" State						'Well Number			
I. 10 Sur	face Lo	cation				10 50	utc				_1	
Ul or lot no. Sec	ction T	ownship	Range	Lot.Idn	Feet from the	North/S	outh Line	Feet from the	Foot/M	est line		
PM	13	17S	35E		990	Sou			1	1	County	
11 Bott	tom Ho	le Locati	ion		,,,,	300	1611	990	W	est	Lea	
UL or lot no. Sec		Ownship	Range	Lot Idn	Feet from the	N. 0.10		T	,			
					rect from the	North/S	outh line	Feet from the	East/West line		County	
	Producing N	Method Code	14 Gas	Connection Date	¹⁵ C-129 I	Permit Number		⁶ C-129 Effective l				
<u> </u>	P			5/17/01		· · · · · · · · · · · · · · · · · · ·	İ	C-129 Effective	Date	" C-1	29 Expiration I	
II. Oil and (Gas Tra	nsporters	S									
18 Transporter OGRID	1	19 Tra	insporter l	Name	20	POD	²¹ O/G		2 DOD AV	CITTO T	 _	
4 7 40 .			and Address					22 POD ULSTR Location and Description		ation 1		
Strategy .		o Refining Company			2828148 O							
	O. Box 159,	159, Artesia, NM 88211-0159			APPLE DO NOT		P-13-17S-35E					
24650 Dynegy Mi			idstream Services, L.P.				113-175-331					
	120		1			29096						
to Commission and the Commission	ta Drive, Suit	Suite 3300, Midland, TX 79705				P-13-17S-35E						
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. Produced	Water	······································			a selection de					· ·		
²³ POD	vv atci											
	İ				²⁴ POD	ULSTR Locati		scription		1		
Well Comp	nletion	Doto				P-13-175	S-35E					
25 Spud Date	pietion											
	1/13/01		dy Date 2/01		²⁷ TD		²⁸ PBTD ²⁹ Per		erforations			
³⁰ Hole Size		212				7700		7651			6994-7070	
121/4			³¹ Casing & Tubing Size 85/8			32 I		33 Sacks of Cement				
7%								740 sx Cl "C"				
. , ,			5½					585 sx 35:65 Poz +				
										500 sx	Cl H	
Well Test	Data											
35 Date New Oil		Gas Delivery	Date	³⁷ Test D	ate	38 m	., .					
2/25/01		N/A				38 Test Length 24		39 Tbg. Pressure		4 Csg. Pressure		
41 Choke Size		⁴² Oil	Oil 6 V			44 Gas		N/A		25		
		50	39			55		⁴⁵ AOF N/A		46 9	Fest Method	
nereby certify that the	ne rules of th	ne Oil Conserv	ation Divis	ion have been cor	mplied					===	P	
vledge and belief.	ation given :	above is true a	nd complet	e to the best of m	y	OIL	CON	SERVATIC	N DI	VISIO	N	
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ed name: Lonnie	——∦——	_IL_										
	litle:	Title: LTRULEUM ENGINEER										
Produc	Approv	al Date:			117	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	- 2601 -					
11/01/01	!	Pho	ne: (915)	699-5050			···-					
this is a -1												
this is a change of o	operator fil	in the OGRI	D number	and name of the	previous opera	tor						
Praviou	ıs Operator	Signer										
	∼heratoL	orgnature			Print	ed Name			Title		Doto	

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.

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.

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 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: 12.

Federal 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: 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 24. (Example: 'Tank', etc.)
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well
- 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.
- 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 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 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 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 46.

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.