State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

District II 811 South First, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410

48 If this is a change of operator fill in the OGRID number and name of the previous operator

OIL CONSERVATION DIVISION 2040 South Pacheco

District IV	i Ru., Azici,	INIVI 0/44U		Sant	ta Fe, N	NM 875	505				AMENDED REPOR	
2040 South Pack	-	e, NM 87505	·	= = ====								
Ι.	Kı	EQUEST J	FOR A	LLOWAB	LE AN	<u>ID AU7</u>	<u> [HOR]</u>	<u>IZATI</u>	ON TO TRA	ANSPO		
		TMI)perator na RR/Shar!	me and Address n Drilling, I	ine _				ON TO TRA	² OGRID N 0365		
		<u>* • · =</u> =	P. O. B	Sox 10970	ac. Ittle	₩ <u>51</u> , ,				ບລູບວຸ	54	
		ľ	Midland,	TX 79702	A STANCT	ATED I	IS AEEN	a	3 1	Reason for F	iling Code	
	<u></u>					<u> </u>	-1.0 ₁ V. 11 FF10=-11	YOU	IN THE	NW	<u></u>	
	PI Number				5	Pool Name	;	u	NOT COM		⁶ Pool Code	
	025-35392	2			Vacuum	n; Blineb	ry, NE			P	97021	
1	roperty Code 27328					Property Nam BR "14" S	шс				' Well Number 1	
		Location			£ 172.20.	K 17	Maic				<u> </u>	
Ul or lot no.	Section Section	Township	Range	Lot.Idn	Feet from	m the	North/Sc	outh Line	Feet from the	East/West I	line County	
I	14	17S	35E		165		Sout	_	330	East	1	
11 J	<u> </u>	Hole Locat			<u> </u>			111	300	A Sec.		
UL or lot no.	Seon	Township	Range	Lot Idn	Feet fron	m the	North/S	outh line	Feet from the	East/West 1	line County	
									100	Em.		
12 Lse Code	13 Producir	ng Method Code	e 14 Gas	Connection Date	te 15 C	C-129 Permi	it Number	10	C-129 Effective D	ate	¹⁷ C-129 Expiration Date	
S	L	P		5/8/01				<u> </u>				
		ransporter			- ,					***************************************	:	
18 Transpor OGRID			ransporter l and Addres			²⁰ POD		21 O/G	²² POD ULSTR Location and Description			
15694				Company		282836	63	0			Ithnon	
:			_	NM 88211-0159						T 14.17(C OFF	
										I-14-179	S-35E	
ス特別	D D	ynegy Midst	tream Sei	rvices, Limit	ted 2	1828.	828704 G			-		
		921 W. San	ıger, Hobbs	s, NM 88240						I-14-175	S-35E	
												
					i.					·		
												
IV. Produ	ced Wat	tar			*					· · · · · ·		
	POD	.eı			:	24 POD ULS	CTR Local	tion and D	eccription			
	8364						I-14-17		escripaon			
V. Well Cor		· · · · · · · · · · · · · · · · · · ·										
²⁵ Spuc			Ready Date			" TD			# PBTD		** Perforations	
2/3	0/01 ™ Hole Size		4/4/01	³¹ Casing & Tubing S		700			7640		6852-7504	
	121/4		85/8			³² Depth Set 1832			Sacks of Cement 850 sx		Sacks of Cement	
	77/s			51/2		1		7690			1160 sx	
						1		10,0			1100 54	
TI WAILTO	- D-40											
VI. Well Tes ²⁵ Date No		" Gas Delive	erv Date	n Tes	st Date		34 Test Leng		" Tbg. Pres		* Csg. Pressure	
4/15/		5/8/0	•		9/01	24		gui			30	
41 Choke	Size	4 Oi			Water		" Gas		4 AOF		" Test Method	
4 I hereby certify th		39			6 8	 	12		<u> </u>		<u> </u>	
information given ab	at the rules of the	Oil Conservation Discomplete to the best of	vision have pee	en complied with and e and belief.	that the				ONSERVATION	ON DIVIS	SION	
Signature:	Shil	Kinal	<u>√</u>			Approved by	Approved by:					
Printed name: L		Title:	Title: GARY WINK FIELD REP. II									
Title: Pi	roduction I	Manager		·		Approval Da						
7 (A) (A)						ļ	Approval Date:					
Date: 5/2	23/01	}	FIRME. (710)	097-3030	ľ	1						

Printed Name

Date

Title

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.
- Reason for filing code from the following table: NW New Well 3.

Recompletion
Change of Operator (Include the effective date.)
Add oil/condensate transporter
Change oil/condensate transporter RC CH

AO CO AG CG RT Add gas transporter 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 4.
- The name of the pool for this completion 5.
- 6. The pool code for this pool
- 7. The property code for this completion
- 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

SP Fee Jicarilla

Ň

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.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17. completion
- The gas or oil transporter's OGRID number 18.
- 19. Name and address of the transporter of the product
- The number assigned to the POD from which this product 20. 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 G 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.
- 28. Plugback vertical depth
- 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
- MO/DA/YR that gas was first produced into a pipeline 36.
- 37. MO/DA/YR that the following test was completed
- Length in hours of the test 38.
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells 40. Shut-in casing pressure - gas wells
- 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: 46. 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.

