Setrice II
O Box 1988, Hobbs, NM 88241-1988
Natrice II

State of New Mexico

Miserals & Natural Resources Department

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

10 Drawer DD, Artesia, NM 88211-0719

District III 1000 Rie Brazos District IV	OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088						Submit to Appropriate District Offic 5 Copie								
PO BOX 2008, SANIA Fe, NM \$7504-2008 I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSI														ENDED REPOR	
<u></u>		CEQUE	Oper	JK A	LLOW/	ABL	E AN	ID AL	THOR	TASE	ION TO T	RANS	PORT	•	
Amerada	Hess								¹ OGRID Number						
urawer	υ									000495					
Monument, New Mexico 88265											Reason for Filing Code				
1	Pl Number		⁴ Pool Name							CO & Gas POD Changes					
30 - 0 25-	Eun	Eunice Monument Gray					burg San Andres					Pool Code			
' Pr	' '					Property Name			1. A			3000 cll Number			
0001 II. 10 S		Nor	th M	onument	Gr	aybur	g Sar	Andre	es Un	k. 4 it		08			
U or lot Bo.	Section	Locatio	711								 	— II	- 00		
H	H 24		S 36E		i.viua		Feet from the		North/South Line		Feet from the	East/W	est line	County	
								2310		th	330	Eas	t	<u>Lea</u>	
UL or lot no.	UL or lot no. Section		ship Range		Lot Ida		Feet from the		No. 10			·			
			ļ				Total House Cale		North/South line		Feet from the	East/We	est line	County	
12 Lae Code	13 Produc	ing Method	Code	e 14 Gas Connection D		Date	Le 15 C-129 Per		ait Number		14 C-129 Effective Date				
S	'												" C-129 Expiration Date		
III. Oil ar	id Gas						·								
OGRID			"Trans	porter N Address	Name			¹⁰ POD		31 O/G		POD UL	STR Loc	ation	
22628	Te	xas Ne	Mexico Pinel			ine c		27000				and Description			
Denver			oadway Colorado 80202				280	07082		0	Unit I, S R36E	14 1 Sec. 2	14 located in ec. 24, T198,		
24650 Warren			etroleum Company				280	2807113 G			Gas Meter at Btry. No. 14				
	1sa, 0k	D. Box 1589 Sa. Oklahoma				d			located in Unit I, Sec. 24 T19S. R36E						
5	te: We														
	ell disconnected fr.														
	Bt	ry. No.	14.	21 & connected to											
IV. Produ	ced Wa	ater							(CO. 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100 / 100			·	····		
10750		Ric	e Enc	inee	ring co	nne	y ctio	POD UL	TR Location	op and De	ecription				
19750		T19	S, R3	6E.	- mg ct	JIII16	:0101	n at i	stry.	No. 1	4 located	in Ur	it I	, Sec. 24,	
V. Well C	omplet	ion Data	1									 .			
B Spud Date			14 Ready Date					מדי			" PBTD		" Perforations		
M Hole Size			31 Casing & Tubi											•	
			1		ante a tubi	of Su	ie .	┼] "	epth Set			33 Sacks	Cement	
							 -	 		<u> </u>					
· · · · · · · · · · · · · · · · · · ·	······································		+												
I. Well T	est Da	ta	ــــــــــــــــــــــــــــــــــــــ					<u> </u>							
· ·			Delivery Date		» T	M Test Date		27 Test Length		ch.	3 Tbg. Pressure		³⁶ Cag. Pressure		
* Choke 8	ii ze	4	Oil	⁴ Wat			•	⁴ Gas		" AOF		⁴ Test Method			
I hereby certify with and that the i		es of the Oil given above	Conserva	tion Div	ision have be	ca coa	npticd	<u></u>	OII	CON	ICED V A COV				
Signature:	Pu	Jula	Q			7		OIL CONSERVATION DIVISION Approved by: CRACKIAL SIGNED SY							
Printed name: R. L. Wheeler, Jr.									Title:						
	nin. S	vc. Coc	ord.					Approval Date: FTS C 4 1395							
	21-95		Phon	ou:	- DUD 343=7188 =										
^e If this is a char	age of oper	stor fill in th	e OGRI	D mumb	er and name	of th	e previou	s operato							
·		perator Signa			····			Printed		··· ·····		Title	, _,	Date	

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 cartifications 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

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)

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.
- R The pool code for this pool
- The property code for this completion 7.
- 8. The property name (well name) for this completion
- 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:

Federal State Fee Jicarilla

Navajo Ute Mountain Ute Other Indian Tribe

13. The producing method code from the following table:

Flowing Pumping or other artificial lift

- MO/DA/YR that this completion was first connected to a gas transporter 14
- 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.
- 18. The gas or oil transporter's OGRID number
- 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.

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Product code from the following table:
O Oil
G Gas 21.

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.

4. .

- 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.
- 28. MO/DA/YR this completion was ready to produce
- 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.
- 30. Inside diameter of the well bore
- Outside diameter of the casing and tubing 3 i.
- Depth of casing and tubing. If a casing liner show top and 32.
- 33. Number of sacks of cement used per casing string

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.

- 34 MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline 35.
- 38. MO/DA/YR that the following test was completed
- **37**. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing 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.
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- MCF of gas produced during the test 43.
- 44 Gas well calculated absolute open flow in MCF/D
- The method used to test the well: 45

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 data 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.

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