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

District II 20 Drawer DD, Artesia, NM 88211-0719

District III

OIL CONSERVATION DIVISION
PO Box 2088

State of New Mexico
\_\_nergy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994 Instructions on our Submit to Appropriate District Office 5 Copies

1 <b>000 Rio Brazo</b> District IV	s Rd., Artec	, NM 87410		Santa 1	Fe, N	4 8750	4-2088				_	J Cop	
PO Box 2008, 8										L		NDED REPO	
•	R	<b>EQUES</b>	r for A	LLOWA	BLE A	ND AU	JTHOR	TASE	ION TO T	RANS	PORT	•	
			Operator as	ame and Addres	•					¹ OGR	ID Numb	er	
Trio Oil Company c/o Oil Reports & Gas Services, Inc.									023502				
P.O. Box 755									Reason for Filing Code				
	NM 88	241						(	Co	eff 9	/1/95		
<sup>4</sup> API Number							ıe		Co Eff 9/1/95				
<b>30 - 0</b> 25-			Eumont Y-SR-QU					V			22800		
' P.	roperty Code		Property Name					<del></del>	<u> </u>		' Well Number		
0114	127			Perso	ns							002	
		Location											
Ul or lot no.	Section	Township	S 36E	Lot.lda	Feet fro	m the	North/Sc	outh Line	Feet from the	East/West line		County	
J	27	19S			19	80	Sot		1980	East		Lea	
11	Bottom 1	Hole Lo	cation		<u> </u>		<del></del>			<u> </u>			
UL or lot no.	Section	Township	Range	Lot Ida	Feet fre	om the	North/S	outh line	Feet from the	East/W	est line	Canata	
J	27	198	36E		19	980	1	uth	1980	i .	ist	County Lea	
12 Lee Code	1) Produci	ng Method C	ode 14 Gas	Connection Date	ie 15	C-129 Perm			C-129 Effective			29 Expiration Dat	
P		P	7/	/3/56						Date	C-1	12 Extrines Date	
II. Oil a	nd Gas	Transpor							·				
Transpo	rter		Transporter	Name		28 PC	n a	<sup>21</sup> O/G		I DOD I		<del></del>	
OGRID			and Address					0/0	POD ULSTR Location and Description				
012852 Koch 0il			Company			2542210		0	I-27-19S-36E		<del></del>		
		French Dr.			2342210			1-27-198-36E					
>>>>>000	III.	obbs, N				**************************************				···			
024650 Warren P P.O. Box			et. Corp			2542230 G		G	I-27-19S-36E				
Tulsa,													
					-							*	
					220	Maria de Santo Co		N/851, 3114 -					
	<b>30.</b>		<del></del>			en in Santa. Wasan in salah sa							
Adding A. A. S.	<b>25</b>				X	CONTRACTOR OF THE STATE OF THE	Q440000 <b>0</b>	Caraca da					
V. Prodi	iced Wa	ter	······································		******								
	POD					¥ 200 100			······································				
254225	0		" POD ULSTR Location and D I-27-19S-36E						escription				
		ion Data	-			27-193	-30E						
	ud Date	ION Data	M Ready D	-1-			· · · · · · · · · · · · · · · · · · ·						
-			Ready Date			" TD			" PBTD		<sup>29</sup> Perforations		
M Hole Size			31 Casing & Tubing Size			7 D 11 C							
			<u> </u>		32	Depth Set			<sup>11</sup> Sacks	Cement			
<del> </del>													
			ļ		· · · · · · · · · · · · · · · · · · ·								
I. Well	Test Da	ta					<del></del>						
Date New Oil 35 Gas Delivery D				Date "Test Date			" Test Les	ath.	30 Tbg. Pressure				
								-E-m	I Dg. FN	34U 16	e <sup>26</sup> Cag. Pressure		
" Choke	Size	41	Oil	il 4 Water		4 Gas			#				
								4 AOF		'	Test Method		
I hereby certif	y that the rul	es of the Oil (	Conservation D	ivision have been	Complied								
rith and that the nowledge and t	MONTHUM	given above is	true and comp	plete to the best of	of my		OI	L CON	NSERVATI	ח אט	IVICIO	าง	
gnature:	8.1	1101	6				<b>5</b> ~ ا	RIGINA	NSERVATI	JLRXY	VIXES.	OIT N	
rinted name:	Men	Well	in			Approved	ı by:	D	ISTRICT I SUP	ERVISO	R		
	Laren H	oller				Title:			····			<del></del>	
Title: Agent						Approval	Approval Date:						
O9/07/95			Phone: (505) 393-2727			SEP 15 1995							
		ator fill in th		ber and name o		<u> </u>							
		_ <del>-</del>		na neme (	·· ····· prev	wus operat	OF						
	Previous O	perator Signa	ture			D.2.4	l Na						
		_				rrunte	d Name			· Tid	e	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 bar

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.

Reseon 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)

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.
- 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:
  F Federal
  S State
  P Fee
  J Jicarilla 12.

UNU

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.
- 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 completion 17.
- 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
  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.)
- 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.
- 26. MO/DA/YR this completion was ready to produce
- 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.
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- 33 Number of sacks of cament 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.
- 36. MO/DA/YR that the following test was completed
- Length in hours of the test 37
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- Barrels of oil produced during the test 41.
- Barrels of water produced during the test 42.
- 43. MCF of gas produced during the test
- 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 date 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.

S 11 8

HAPA 14. July 18