DD, Artesta, NM 82211-0719 OIL COI					NSERV PO B	ox 2088	ver Departu DIVISI		Form Revised February 10 Instructions o Submit to Appropriate District 5 d				
Dutrict IV PO Box 2088, I.	s Fe, Nh	1 87504-2088				A 87504-2088							
1		•	Operator a	ALLUW A		AND AL	JTHOR	IZAT	ION TO TI T				
AMERAD	AMERADA LESS CORPORATION DRAWER D								' OGRID Namber 000495				
	MONUMENT, NEW MEXICO 88265								The second se		Filing Code		
										CG			
30 - 025 - 04104						Pool Name			* Pool Code				
'Pro	EUNICE MONUMENT G/SA						23000						
						G/SA UNIT BLK. 13			' Well Number				
		Location				<u>17 54 01</u>	SA UNIT DLK. 13						
Ut or lot no.	Section	Township	Range	Lot.Ida	Feed fr	om the	North/So	uth Line	Feet from the	East/Wes	tilne County		
<u> </u>	34	195	<u>36E</u>		19	80	NORTI	1	660	EAST	LEA		
UL or lot no.	Section	Hole Loca Township	Range	Lot Ida			1						
				Loc 10	rect f	rom the	North/So	uth Ane	Feet from the	Fast/Wes	file County		
¹² Lae Code	" Produci	ng Method Cod	• " Cas	Connection D)ate ¹⁴	C-129 Perm	l Number	 '	C-129 Effective I	Date	¹⁷ C-129 Expiration		
III. Oil an		the second s			<i>-</i>	· · · · · · · · · · · · · · · · · · ·		-l					
"Transport OGRID	a .	" T	ransporter and Addre			[#] POD [#] O/0		[#] O/G	POD ULSTR Location				
22628 TEXAS-NEW MEXICO PIPELINE 1670 BROADWAY DENVER, COLORADO 80202					20610	20610 0 UNIT F, SEC. 35, NMGSAU BTRY. NO.			, T19S, R36				
24650 WARREN PETROLEUM COMPANY P.O. BOX 1589 TULSA, OKLAHOMA 74102					der in some	2807099 G UNIT F, SEC. 35, T19S, R36E GAS SOLD THROUGH WARREN MET NO. 07 AT BTRY. NO. 51							
					¥.								
IV. Produc		ler											
	0 D			35, T1									
20650 · V. Well C	ompleti	WATER	<u>CDISPO</u>	DSED BY	RICE E	NGINEE	RING A	<u>t btr</u>	Y. NO. 51	•			
¹⁴ Spud	V. Well Completion Data		²⁴ Ready Date			" TD		* PBTD ** Perform		" Perforations			
н	Hole Size		×С	asing & Tubl	ng Slee		P D	epth Set			Sacks Cement		
					·						Decks CEDCDI		
								······					
							•						
VI Wall T											- ·		
VI. Well T			In Data										
	Date New Oil * Gas Deflvery Date * Test Date Choke Size * Oil * Water			" Test Length		# Tbg. Pres		" Cag. Pressure					
* I bereby certify with and that the in	that the rule	of the Oil Con	upyation Di				4 Gas		4 AOF		"Test Method		
knowledge and beli Signature:		ivea sbove is in	ie and comp	leie to the best	of my	Approved			SERVATIO	ON DIV	ISION		
Printed name: R.L. WHEELER, JR.							Tide: USDINCT + SURFACED.T						
	ADMIN. SVC. COORD.							Approval Date: JUN 20 1994					
Tide: ADMIN		the second s	hone ({				101			
Title: ADMIN Date: 6-9-9)4	<u></u>	^{™∞∞≈} (50	5) 393-	2144								
Tide: ADMIN)4	tor fill in the O	GRID sumt	5) 393-	of the prev	lous operator	r						

	C-104 In	onservation etructions	Division				
Amen	S IS AN AMENDED REPORT, CHECK THE BOX LABLED	22.	T's ULSTR location of this POD if it is different in a from the well completion location and a short description of the POD (Example: "Bettery A", "Jones CPD", etc.				
Report	all gas volumes at 15.025 PSIA at 60°. all oil volumes to the nearest whole barrel.	. 23.					
account	est for allowable for a newly drilled or deepened well must be panied by a tabulation of the deviation tests conducted in ance with Rule 111.		from this property, if this is a new well — recompletion and from this property, if this is a new well — recompletion and this POD has no number the district office will assign a number and write it here.				
All sectors and the sectors an	tions of this form must be filled out for allowable requests on a recompleted wells.	24.	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 Toutes				
CAPAQU	only sections I, II, III, IV, and the operator certifications for s of operator, property name, well number, transporter, or such changes,	25.	Tank*,etc.) MO/DA/YR drilling commenced				
	arate C-104 must be filed for each pool in a multiple	28.	MO/DA/YR this completion was ready to produce				
comple	tion,	27.	Total vertical depth of the well				
Improp	erly filled out or incomplete forms may be returned to	28.	Plugback vertical depth				
1.	Operator's name and address	29.	Top and bottom perforation in this completion or casing shoe and TD if openhole				
2,	Operator's OGRID number. If you do not have one it will	30.	Inside diameter of the well bore				
3.	be assigned and filled in by the District office.	31.	Outside diameter of the casing and tubing				
з.	Reason for filling code from the following table: NW New Well RC Bacompletion	32.	Depth of casing and tubing. If a casing liner show top and				
	CH Change of Operator		boltom.				
	AO Add oil/condensate transporter CO Change oil/condensate transporter	33.	Number of sacks of cement used per casing string				
	AG Add gas transporter CG Change gas transporter RT Request for test allowable (Include volume	The fo conduc	illowing test data is for an oil well it must be from a test cted only after the total volume of load oil is recovered.				
	requested) If for any other reason write that reason in this box.	34,	MO/DA/YR that new oil was first produced				
4.	The API number of this well	35.	MO/DA/YR that gas was first produced into a pipeline				
5.	The name of the pool for this completion	36.	MO/DA/YR that the following test was completed				
6.	The pool code for this pool	37.	Length in hours of the test				
7.	The property code for this completion	38.	Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells				
8. 9.	The property name (well name) for this completion The well number for this completion	39.	Flowing casing pressure - oil wells Shut-in casing pressure - gas wells				
10,		40.	Diameter of the choke used in the test				
	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.	41.	Barrels of oil produced during the test				
11.		42.	Barrels of water produced during the test				
12.	The bottom hole location of this completion Lesse code from the following table:	43.	MCF of gas produced during the test				
•	F Federal S State	44.	Gas well calculated absolute open flow in MCF/D				
	P Foe J Jicarilla	45.	The method used to test the well: F Flowing				
	N Navajo U Ute Mountain Ute I Other Indian Tribe		P Pumping S Swabbing If other method please write it in,				
13.	The producing method code from the following table: F Flowing P Pumping or other artificial lift	46.	The eignsture, 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				
14.	MO/DA/YR that this completion was first connected to a gas transporter	47.	The previous operator's name, the signature, printed name, and title of the provider and title.				
15,	The permit number from the District approved C-129 for this completion		authorized to verify that the previous operators representative operates this completion, and the date this report was signed by that person				
16,	MO/DA/YR of the C-129 approval for this completion		Contract more forever				
17	MO/DA/YR of the expiration of C-129 approval for this completion						
18.	The gas or oil transporter's OGRID number						
19.	Name and address of the transporter of the product						
. 20.	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.						
21.	Product code from the following table: O Oil G Gas	•					
		-	and the second				

Ł

1



- 50

JUN 1 3 1994

Ş

1

OFFICE