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

State of New Mexico Energy, Minerais & Natural Resources Department

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

10 Drawer DD, Artonia, NM \$8211-0719 District III

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

AMENDED REPORT

5 Copies

1000 Rio Brazos Rd., Aztoc, NM 87410 District IV

		REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT
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) Box 2068, Sa				LOWAE	BLE AN	D AU	THOR	ZATI:	ON TO TR			NDED REPORT	
	Operator name		¹ OGRID Number										
Amerada Hess Corporation P. O. Box 840									000495				
Seminol		s 7936	50					Remon for Filing Code					
4 4 1	Pl Namber	1					Connect to Sat. #12, 5-19-98.						
'API Number 'Po 30 - 0 25-05718 Eunice Monu							ol Name 'Pool Code nent G/SA 23000						
	perty Code					operty Na		_	' Well Number				
00	0135		North Mor	nument G		• •		s Unit	t Blk. 12 13				
	¹⁰ Surface Location												
Ul or lot mo.	Section	Township Range Lot.Ida Feet from the North/South Line Feet from the East/West line Coun							County				
M	28 19S 37E 990 660 South 330 660 West								Lea				
11 Bottom Hole Location													
UL or lot mo.	Section	Township	p Range Lot Ida		Feet from	a the	North/Sc	outh line	Feet from the	East/Wo	at line	County	
12 Lee Code	¹³ Producis	eg Method	Code 14 Gas (Connection De	12 11 C	-129 Peru	it Number	1"	C-129 Effective I	Date	'' C-1	29 Expiration Date	
F II. Oil au	nd Gas	Transpo	orters								-		
Transpor	rter		" Transporter ? and Addres			²¹ PC	D	²¹ O/G	2	POD UL	STR Lo escriptio		
03748		T Ener	rgy Corpoi k 4666	ration		28171	166	0	Unit F, S NMGSAU C			19S, R37E, ility,	
Marian Dooran Danes Consumer	-		Texas 772		5-22-				1st LACT	Unit.			
02262	Р.	0. Box	Mexico F 5568 T./	١.		2817167 0			Unit F, Sec. 30, T19S, R37E, NMGSAU Central Facility,				
02465	Mar		Colorado 8 etroleum (2		60		2nd LACT			19S, R37E,	
02465	130	00430	NW Freewa Texas 770	y,Ste.1		28171	80.	G	NMGSAU Ce Warren Me	entral	Fac	ility,	
02465	o War	ren Pe	etroleum (Company,		28211	77	G	Unit D, S	Sec. 2	8, T	19S, R37E,	
2.00	130 <u>پريني</u>		NW Freewa		200					No.	12,	Warren	
V. Prod			Texas 770	140			****		Meter No.	. 943.			
	POD			·		" POD U	LSTR Loca	tion and I	Description				
281	7169	Uni	it F, Sec.	30, T1	9S, R37	7E. F	rod. v	vater	to NMGSAU	Cent.	Fac	. for injec	
V. Well							<i></i>						
[≟] Sp	E Spud Date		²⁴ Ready Date			" TD			" РВТО		21 Perforations		
" Hole Size			" Casing & Tubing Size			¹² Dep			h Set		³³ Sacks Cement		
					···								
					· · · · · ·								
				····			···.						
VI. Well	Test D	ata				1	·•	<u>-</u>				. <u></u>	
H Date	New Oil	[™] Ga	a Delivery Date → Test Date			II Test Length			N Tog. Pressure			H Cag. Pressure	
" Cho	ke Size		" Oil	43	Water	4 Gas			" AOF			* Test Method	
			Oil Conservation I						1			NO.	
with and that the information given above is true and complete to the best of my knowledge and beliefs													
Signature:							Approved by:						
Roy L. Wheeler, Jr.							Tide:						
Admin. Svc. Coord.						Appro	Approval Date: 29 1999						
Date:	5-20-9			15 758-									
" If this is a	change of of	serator (ill i	in the OGRID no	mber and sai	se of the pro	evious ape	rator						
 	Previous	Operator S	iensture			D	ated Maria			.	itle	Date	

New Mexico Oil Conservation Division C-104 Instructions

F 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. such changes.

A separate C-104 must be filed for each pool in a multiple

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

RC CH AO CO

Recompletion
Change of Operator
Add oil/condensate transporter

Change oil/condensate transporter Add gas transporter

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.

- 4 The API number of this well
- 5 The name of the pool for this completion
- The pool code for this pool 6.
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- The surface location of this completion NOTE: United States government survey designates a Lot If the 10. 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.
- 11. The bottom hole location of this completion
- 12. Lease code from the following table:

Federal State Fee Jicarilla

S

13.

- Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: Flowing Pumping or other artificial lift
- 14. MO/DA/YR that this completion was first connected to a des 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.
- The gas or oil transporter's OGRID number 18.
- 19. Name and address of the transporter of the product

; ... 45 ...

- 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 G--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.
- 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 snort description of the POD (Example: "Battery A Water Tank", "Jones CPD Water 24. (Example: Tank ,etc.)
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 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.
- 30. Inside diameter of the well bore
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and 32
- Number of sacks of cement used per casing string 33.

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.
- MO/DA/YR that the following test was completed 36.
- Length in hours of the test 37
- 38. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 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
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