District I PO Box 1980, Hobbs, NM 88241-1980 District II NO Drawer DD, Artonia, NM 88211-0719 ÷ -

District III 1008 Rio Brazes Rd., Aztor, NM 87418

District IV

## State of New Mexico Escrey, Miscrais & Natural Resources Department

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

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

## AMENDED REPORT

PO Box 2068, S [				LLOWABI	E ANI	D AU	THORI	ZATI	ON TO T	RANSP	ORT				
<sup>1</sup> Operator name and Address										<sup>2</sup> OGRID Number					
Amerada Hess Corporation P. O. Box 840										000495 <sup>•</sup> Resear for Filing Code					
Seminole, Texas 79360										•					
* API Number * Pool Name									Connect to Sat. #18, 5-15-98.						
30 - 0 25-04154 Eunice Mor						ument G/SA					23000				
						roperty Name					' Well Number				
	nument Gr	Grayburg San Andres Unit				t B1k. 19 11									
U or iot ac.	Surface	Locatio		Lot.ldn	Feet from (	he	North/Sou	th Line	Fest from the	East/We	at line i	County			
к	1	205	36E		1980		South		1980 West		.	Lea			
		Hole L		1					1900	1 4550					
UL or lot no. Section		Townshi	p Range	Lot Ida	Feet from the		North/South line		Feet from the	he East/West line County		County			
					<u> </u>							<u> </u>			
" Lee Code S	<sup>13</sup> Lee Code <sup>13</sup> Producing Meth S		Code <sup>14</sup> Gas Connection Date		" C-1	<sup>14</sup> C-129 Permit Number		1	* C-129 Effective Date "C-129 Ex		29 Expiration Date				
III. Oil and Gas Transporters															
Transporter OGRID			" Transporter and Addre			" <b>POD</b> " 0/0			<sup>22</sup> POD ULSTR Location and Description						
037480 E0TT Er			ergy Corporation			817166 0		0	Unit F, Sec. 30, T19S, R37E						
2000 P. O.			Box 4666 n, Texas 77210-4666						NMGSAU Central Facility - 1st LACT Unit.						
I			ew Mexico Pipeline			2817167 0			Unit F, Sec. 30, T19S, R37E,						
P. 0.			Box 5568 T.A. , Colorado 80217					An inte	NMGSAU Central Facility - 2nd LACT Unit.						
						17168 G		Unit F, Sec. 30, T19S, R37E,			19S. R37F.				
1300043			0 NW Freeway, Ste. 1200			NMGSAU			NMGSAU (	Central Facility, Meter No. 824.					
024650		Warren I	etroleum Company, LP 28			18310	310 G Unit G, Se			Sec. 2	ec. 2, T2OS, R36E, No. 18, Warren				
	ander de la série Anne de series Notes de la series	13000430 Houston	) NW Free , <u>Texa</u> s 7	way,Ste.12 7040	200	nast, and, Nasilitat			Satellii Meter No			Warren			
IV. Produced Water															
1	7160		о 20 T1(	" POD ULSTR Location and Description							-				
2817169 Unit F, Sec. 30, T19S, R V. Well Completion Data							37E. Produced water to NMGSAU Cent. Fac. for injection.								
	pud Date		<sup>14</sup> Ready Date			" TD			<sup>24</sup> PBTD		1	<sup>19</sup> Perforations			
<sup>24</sup> Hole Size			<sup>31</sup> Casing & Tubing Si			<sup>22</sup> Depth 5			a		<sup>33</sup> Sacks Cement				
				<u> </u>		_				<u> </u>					
	· ·	·													
VI Well	Tect	Data					- <u></u>			·					
VI. Well Test Data <sup>24</sup> Date New Oil <sup>24</sup> Gas Delivery Date <sup>24</sup> Test Date <sup>27</sup> Test Length <sup>24</sup> Tbg. Pressure										<sup>30</sup> Cag. Pressure					
" Choke Size			41 Oil	4 11	4 Weter		4.6		4 AOF			<b>4 5 1 1</b>			
			<u>Ou</u>		- Waler		4 Gas		- AUF			" Test Method			
				Division have been mplete to the best					NCEDVA	דו מחוד	יייי				
knowledge an	with and that the information given above is true and complete to the best of my knowledge and belief.								OIL CONSERVATION DIVISION						
Signature:															
Presided Basence: R. L. Wheeler, Jr.							Title:								
Admin. Svc. Coord.						Approval Date: 2, 5, 1998									
Date: 5-18-98 Phone:915 758-6700															
" If this is a change of operator fill in the OGRID number and name of the previous operator															
1	Previo	as Operator 8	ügzature			Print	led Name			π	ile	Date			
	<u> </u>			<u>.                                    </u>											

## IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT 22. Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel. 23. 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. 24. All sections of this form must be filled out for allowable requests on new and recompleted wells. al out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes. 25. A separate C-104 must be filed for each pool in a multiple completion. 26. 27. Improperly filled out or incomplete forms may be returned to operators unapproved. 28. 29. 1. Operator's name and address Operator's OGRID number. If you do not have she it will be assigned and filled in by the District office 30. 2. 31. 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 and transporter 3. 32. 33. AG CG RT Change gas transporter Request for test allowable (include volume requested) 34. If for any other reason write that reason in this box. 35. 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
- The property name (well name) for this completion 8.
- 9. The well number for this completion
- The surface location of this completion NOTE: 10. 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.
- 11. The bottom hole location of this completion
- Lease code from the following table: F Federal 12.
  - SP

i

- N N J
- Federal State Fee Jicarilla Navajo Uta Mountain Uta Other Indian Tribe
- 13. The producing method code from the following table: Flowing Pumping or other artificial lift P
- MO/DA/YR that this completion was first connected to a 14. gas transport
- 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.
- 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.
- 21. Product code from the following table: Oil Gae

- 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.
- 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 (Example: Tank",etc.)
- MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce
- Total vertical depth of the well
- Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole
- inside diameter of the well bore
- Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom.
- 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.

- MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline
- 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.
- Diameter of the choke used in the test 40.
- Barrels of oil produced during the test 41.
- Barrels of water produced during the test 42
- MCF of gas produced during the test 43.
- Gas well calculated absolute open flow in MCF/D 44
  - The method used to test the well:

45

- Flowing Pumping 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.