

District I
PO Box 1968, Hobbs, NM 88241-1968
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

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

Form C-104

Revised February 21, 1994

Instructions on back

Submit to Appropriate District Office

5 Copies

☒ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address GRUY PETROLEUM MANAGEMENT P O BOX 140907 IRVING, TX 75014-0907		¹ OGRID Number 162683
		¹ Reason for Filing Code Change of Operator (eff. 2/1/98)
⁴ API Number 30 - 025-04169	⁴ Pool Name EUMONT YATES SEVEN RIVERS QUEEN	⁴ Pool Code 76480
¹ Property Code 21818 47940	¹ Property Name STATE A	¹ Well Number #6

II. ¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
1	2	20-S	36-E		990	N	990	E	LEA

¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
¹² Lac Code 5	¹² Producing Method Code F	¹² Gas Connection Date 2/93	¹² C-129 Permit Number	¹² C-129 Effective Date	¹² C-129 Expiration Date				

III. Oil and Gas Transporters

¹³ Transporter OGRID	¹³ Transporter Name and Address	¹³ POD	¹³ O/G	¹³ POD ULSTR Location and Description
020809	SID RICHARDSON GASOLINE CO. 201 MAIN STREET FORT WORTH, TX 76102	040230	G	

IV. Produced Water

¹⁴ POD	¹⁴ POD ULSTR Location and Description
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V. Well Completion Data

¹⁵ Spud Date	¹⁵ Ready Date	¹⁵ TD	¹⁵ PBTD	¹⁵ Perforations
¹⁶ Hole Size	¹⁶ Casing & Tubing Size	¹⁶ Depth Set	¹⁶ Sacks Cement	

VI. Well Test Data

¹⁷ Date New Oil	¹⁷ Gas Delivery Date	¹⁷ Test Date	¹⁷ Test Length	¹⁷ Tbg. Pressure	¹⁷ Csg. Pressure
¹⁸ Choke Size	¹⁸ Oil	¹⁸ Water	¹⁸ Gas	¹⁸ AOF	¹⁸ Test Method

¹⁹ I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: Zeno Farris

Printed name: ZENO FARRIS

Title: MANAGER OPERATIONS ADMIN

Date: MARCH 24, 1998

Phone: 972-401-3111

OIL CONSERVATION DIVISION

Approved by: ERNEST A. GARCIA JR. CHRIS WILLIAMS
DISTRICT SUPERVISOR

Title:

Approval Date: APR 14 1998

²⁰ If this is a change of operator fill in the OGRID number and name of the previous operator

²⁰ MAGNUM HUNTER PRODUCTION, INC OGRID #149315 3-23-98

Previous Operator Signature

Printed Name

Title

Date

Zeno Farris

ZENO FARRIS

Mgr. Ops. Admin

3-24-98

New Mexico Oil Conservation Division
C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED
"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 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
2. Operator's OGRID number. If you do not have one it will
be assigned and filled in by the District office.
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)
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
6. The pool code for this pool
7. The property code for this completion
8. The property name (well name) for this completion
9. The well number for this completion
10. 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.
11. The bottom hole location of this completion
12. Lease code from the following table:
F Federal
S State
P Fee
J Jicarilla
N Navajo
U Ute Mountain Ute
I Other Indian Tribe
13. The producing method code from the following table:
F Flowing
P Pumping or other artificial lift
14. MO/DA/YR that this completion was first connected to a
gas transporter
15. The permit number from the District approved C-129 for
this completion
16. MO/DA/YR of the C-129 approval for this completion
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

22. 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.)
23. 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.
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
Tank", etc.)
25. MO/DA/YR drilling commenced
26. MO/DA/YR this completion was ready to produce
27. Total vertical depth of the well
28. Plugback vertical depth
29. Top and bottom perforation in this completion or casing
shoe and TD if openhole
30. Inside diameter of the well bore
31. Outside diameter of the casing and tubing
32. Depth of casing and tubing. If a casing liner show top and
bottom.
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
35. MO/DA/YR that gas was first produced into a pipeline
36. MO/DA/YR that the following test was completed
37. Length in hours of the test
38. Flowing tubing pressure - oil wells
Shut-in tubing pressure - gas wells
39. Flowing casing pressure - oil wells
Shut-in casing pressure - gas wells
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.
46. 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
47. 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