State of New Mexico
Energy, Minerals & Natural Resources Departm

Form C-104 Revised February 10, 1994 Instructions on back

District II NO Drawer DD, Artesia, NM \$8211-0719 District III

Previous Operator Signature

OIL CONSERVATION DIVISION PO Box 2088

Submit to Appropriate District Office 5 Copies

Title

Date

1 <b>000</b> Rio Brazzo District IV	i Kd., Aziec,	NM \$7410		Santa :	Fe, NM	1 87504	1-2088			_	] AME	ENDED REPORT		
PO Box 20 <b>61,</b> S [.			r FOR A	LLOWAI	BLE AT	ND AT	THOR'	17.AT	ION TO TR	 I2NA!	_			
I. REQUEST FOR ALLOWABLE AND AUTHORIZAT Operator name and Address									OGRID Number					
Amerada Hess Corporation									000495					
P. O. Box 340   Seminole, Texas 79360-0840									' Remon for Filing Code					
				· · · · · · · · · · · · · · · · · · ·					Connect to	Sat.	. #12	, 5-19-98		
20 005 05674							Pool Name				* Pool Code			
Property Code			Eunice Monument G/SA 'Property Name					4	23000 'Well Number					
	0135	ľ	North Monument Grayburg San Andres Uni											
		Location	1	numeric c	ar ay bar	<u>g 3411</u>	Anules	VIII	. DIK. /					
Ul or lot so.	Section	Township	Range	Lot.lda	Feet fro	on the	North/So	uth Line	Feet from the	East/W	est line	County		
L	<del></del>		37E		1980		South		660	WEs	t	Lea		
11 Bottom Hole Location														
UL or lot no.	Section	Township	Range	Lot Ida	Feet fre	rom the   North/S		outh line Feet from the		East/West line		County		
12 Lac Code	13 Froduci	ng Method C	ode 14 Gar	Connection D	ate 15	C-129 Perm	nit Number	'	C-129 Effective	Date	" C-	129 Expiration Date		
S	<u> </u>	_												
III. Oil and Gas Transporters														
"Transporter OGRID		17 Transporter Name and Address				<sup>28</sup> POD			22 POD ULSTR Location and Description					
037480		EOTT Energy Corporation P. O. Box 4666 Houston, Texas 77210-466			6	2817166		<u>0</u>	Unit F, Sec. 30, T19S, R37E, NMGSAU Central Facility,					
000000		Texas-New Mexico Pipeline				20/20/00/20/20/20/20/20/20/20/20/20/20/2	2000-62200			Ist LACT Unit. Jnit F, Sec. 30, T19S, R37E,				
022628	Ρ.	P. O. Box 5568 T.A.				281716	NMGSAU			Sec. 30, 1195, R3/E, Central Facility, T Unit.				
024650	13	13000430 NW Freeway, Ste. 1200				281716	58	G	Unit F, Sec. 30, T19S, R37E, NMGSAU Central Facility,					
11.			<u>, Texas 77040</u> Petroleum Company, LP					Warren Meter No. 824. Unit D, Sec. 28, T19S, R37E,						
024650	13	13000430 NW Freeway, Ste. 1200 Houston, Texas 77040				28211	2821177 G		Satellite No. 12, Warren Meter No. 943.					
	uced W	ater	<del></del>											
1	POD	11		00 T1	00 00		LSTR Local							
L	7169			. 30, 11	.95, R3	5/E. F	rod. w	ater	to NMGSAU	Cent	. Fac	. for injec		
V. Well Completion I		uon Dau	<sup>2</sup> Ready I	T TD				<sup>2</sup> РВТО		1º Perforations				
™ Hole Size		:	31 Casing & Tubing Size				ii	Depth S	et		33 Sacks Cement			
		·				_   _								
										<del></del>				
				<del></del>										
VI. Well Test Data  ** Date New Oil ** Gas Delivery Date ** Test Date														
Dele	New (AL	- Gas	Delivery Date		Test Date		" Test Le	ength .	* Tbg. P	Lewes Le		<sup>36</sup> Cag. Pressure		
" Choke Size			" Oil		4 Water		<sup>43</sup> Gas		" AOF		" Test Method			
with and that	the informatio			Division have to implete to the be		:4	0	IL CC	NSERVAT	I NOI	DIVIS	SION		
Signature:							Approved by:							
Printed name: Roy L. Wheeler, Jr.							Title: SUPERVISOR							
Title: Admin. Svc. Coord.							Approval Date: 7.7.7 2 € 1998							
	}	6700												
d If this is a	change of o	perator fill in		unber and na		revious ope	rator							

Printed Name

## New Mexico Oil Conservation Division C-104 Instructions

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 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.

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.
- 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) equested)

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.
- The property code for this completion 7.
- The property name (well name) for this completion B.
- 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: 12.

  - S
- State Fee Jicarilla
  - Ň
  - Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: 13. Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14. gas 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.
- 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: 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 short description of the POD [Example: "Battery A Water Tank", "Jones CPD Water 24.
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well 27.
- Plugback vertical depth 28
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Inside diameter of the well bore 30.
- 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

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 34.
- 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.
- 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.
- 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.
  - Flowing

  - P Pumping
    S Swebbing
    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, 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.