District I PO Box 1980, Hobbs, NM 88241-1988 District II

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

1900 Rio Braza Rd., Axer. NM 27418

OIL CONSERVATION DIVISION
PO Box 2088

State of New Mexico

Form C-104

		TOUR CITCA
	Revised Feb	ruary 10, 1994
	Instra	ictions on back
Submit to	Appropriate	District Office
	Tr 1451	5 Copies

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PO Box 2088, 8									· .			NDED REPORT	
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AMERADA HESS CORPORATION								OGRID Number					
DRAWER D MONUMENT, NEW MEXICO 88265								000495 Reason for Filing Code					
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'API Number 'Pool Name 30 - 025-05710								AN CONTRACTOR OF THE PARTY OF T	CG EFFECTIVE 1-1-95				
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000135 North MONUMENT G/SA UNIT							Property Name #1212				' Well Number		
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12 Lee Code	¹³ Produci	ng Method C	ode " Gas	Connection !	Date	15 C-129 F	Permit Numb	er	" C-129 Effective	Date	" C-12	9 Expiration Date	
S III Oil o	P nd Coa '	T				Acres 100 Marie 100 Towns Inches 100 Marie 100	- A - B Hard - Co-Street						
	III. Oil and Gas Transporters Transporter "Transporter Name "POD "O/G "POD III STR Leastern												
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Signature:	K lo	When	ly a			Аррі	roved by:						
Printed name: R.L. WHEELER, JR.						Title	Tide: DISTRICT I SUFFERVISOR						
Title: ADMIN. SVC. COORD.					Appı	Approval Date: 1441							
Date: 1-19-95 Phone: (505) 393-2144						4							
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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 certifications 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 completion.

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.
- Resson 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) 3.

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
- 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.
- 11. The bottom hole location of this completion
- Lease code from the following table:
 F Federal
 S State 12. Fee Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: 13 Flowing Pumping or other artificial lift
- 14. MO/DA/YR that this completion was first connected to a 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.
- 17. MO/DANR of the expiration of C-129 approval for this
- 18. The gas or oil transporter's OGRID number
- 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:
 O Oil
 G Gas 21.

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- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Bettery 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 Tank", etc.) 24.
- 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
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. Inside diameter of the well bore
- 3 i. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and
- 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.

- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipelline
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- 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
- MCF of gas produced during the test 43.
- 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 47.



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