District [ PO Box 1980, Bobbs, NM \$\$241-1988
District II
70 Drawer DD, Artenia, NM \$5211-0719
District III
1000 Ris Branes Rd., Aztec, NM \$7410

State of New Mexico acres, Miacrale & Nataral Resources Department

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

District	<b>FV</b>				
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## OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

AMENDED REPORT

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Amound			•	Operator sam	e and Addres	•					<sup>1</sup> OGRID I	Number	- <del></del>	
Amerada Hess Corporation Drawer D									ŀ	000495				
Monument, New Mexico 88265										'Reason for Filing Code Activation of Satellite #16 w/New Gas Meter Eff. 7-19-95.				
' API Number ' Pool Name										W/ New GdS Meter Ell. 7-19-95. 'Pool Code				
	30 - 025-05760 Eunice Monument G/SA 'Property Code 'Pro							23000						
000135 North Monument G/SA Uni							p <b>erty Name</b> nit Blk. 15					' Well Number 8		
	the second s	e Locat	-								······			
U or lot во. Н	Section 31	Town 19	•	Range 37E	Lot.Idn	Feet from	the	North/So				line	County	
		n Hole		1 1		1980		Nort	n	660 East			Lea	
UL or lot no.				Range	Lot Ida	Feet from	the	North/S	outh line	ne Feet from the East/West line			County	
<sup>11</sup> Lee Code	<sup>13</sup> Proc	lucing Meth	od Coo	de Gas (	Connection Da	Le <sup>14</sup> C-	29 Perm	it Number	1	C-129 Effective	Date	" C-129 E	Expiration Date	
III. Oil a	nd Ga	s Trans	port	ers		<u>}</u>	<u>``</u>						<del></del>	
Transpo OGRID			19 1	Transporter N and Address			<sup>24</sup> PO	D	" O/G		" POD ULS		4	
37480		EOTT E	nerg	gy Corpo		2	80701	4	0	Unit C,	Sec. 32	_	S. R37E.	
	1	P. O.	Box	4666 Tx. 7721						NMGSAU B	attery	No. 60	6.	
24650	66 Av 10 22				Company	2	81577	6	G	llnit F	Sec 32	р т109	S D275	
		P. O.	Box	1589				NMGSAU Satelli			atellit	32, T19S, R37E, ite NO. 16,		
		iuisa,	UK	. 74102	<u></u>					Warren M	<u>eter No</u>	<u>. 793</u>	•	
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ident of a state of a							instruction of the		Sarangar de					
IV. Prod	uced '	Water							*******					
208	<b>POD</b>		lnit	C. Sec	32 T1			LSTR Loca		Description Onnection	at NMC			
V. Well									<u>91. c</u>	Unitection		SAU DI	.ry. 00.	
	pud Date			<sup>24</sup> Ready D	ate	· · · · · · · · · · · · · · · · · · ·	" TD			* PBID		<sup>19</sup> Per	forations	
				<del></del>										
	M Hole	Size		" C	Casing & Tubi	ng Sine			<sup>3</sup> Depth Se	<u>.</u>		<sup>20</sup> Sacks Ce	inc <b>at</b>	
			<u></u>	+										
				1					<u> </u>					
					•		+				<u>.</u>			
	Test			· · · · · · · · · · · · · · · · · · ·	<u>`````````````````````````````````````</u>								······································	
" Date 1	New Oil		Gas De	clivery Date	T <del>×</del>	est Date		" Test L	ength	* Tbg. I	TCASELIE	× 0	lag. Pressure	
" Cho	" Choke Size		4	Oil <sup>4</sup> Water		4 Gas			" AOF		" Test Method			
" I bereby cer	tify that t	be rules of th	e Oil (	Conservation D	division have be	tomolied						<u> </u>		
with and that i knowledge and	he inform	ution given i	bove i /	is true and com	piete to the bei	t of my				NSERVA1	TION DI	<b>VISIO</b>	N	
Signature: Relevante								od by:	Paul	Kantz				
Printed name:	K. L.	Whee]					Title:							
Tide: Admin. Svc. Coord.					0144	Approval Date: SEP 27 100					1995			
and the second se		1, 1995			505 393-				-					
	_					prev	war obei						_	
	Previo	ses Operate	Signa	eture			Prin	ted Name		والمستعلمين برقو ويوم الأعجب بالمراجع	Tid		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 22. Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel. 23. A request for slowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111. ctions of this form must be filled out for allowable requests on 24. Alles 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. 25 A separate C-104 must be filed for each pool in a multiple completion. 28. 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 one it will be assigned and filled in by the District office. 2. 30. 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 CG Change gas transporter RT Request for test allowable (Include volume requested) If for any other reason write that reason in this box. 3. 31. 32. 33. 34. 4 The API number of this well 35 6. 36. The name of the pool for this completion 37. 6. The pool code for this pool 7. 38. The property code for this completion 8 The property name (well name) for this completion 39. 9. The well number for this completion The surface location of this completion NOTE: If the United States government survey designates s Lot Number for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter. 40. 10. 41. 42. 11. The bottom hole location of this completion 43. 12. Lease code from the following table: Se from the follow Federal State Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe 44 SP 45. ΰ 13. 48. The producing method code from the following table: þ 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
- MO/DA/YR of the C-129 approval for this completion 16.
- 17. MO/DA/YR of the expiration of C-129 approval for this completion
- 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.

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duct code from the following table: Oil Gas

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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: "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 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 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
- MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed
- Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells
- Flowing casing pressure oil wells Shut-in casing pressure gas wells
- Diameter of the choke used in the test
- Barrels of oil produced during the test
- Barrels of water produced during the test
- MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D
- The method used to test the well: F Flowing P Pumping S Swebbing If other method please write it in.

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- The signature, printed name, and title of the person authorized to make this report, the data this report was signed, and the telephone number to call for questions about this report
- 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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