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

State of New Mexico
Energy, Minerals & Natural Resources Department

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

NO Drawer DD, Artesia, NM 88211-0719 District III

OIL CONSERVATION DIVISION

1909 Rio Brazo	e Rd., Aziec	, NM 87410		Santa	PO Box 2088					5 Copies				
District IV PO Box 2008, 8	Santa Ea NA	d 97504 2009	Santa Fe, NM 87504-2088						AMENDED REPORT					
PO Box 2088, Santa Fe, NM 87504-2088 I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT														
Operator name and Address 1 OGRID Number														
Amerada Hess Corporation											000495			
Drawer	D						A				Reason for Filing Code			
Monument, New Mexico 88265											on of Satellite #16 Meter Eff. 7-19-95.			
1	API Number		_	Pool Name						Pool Code				
30 - 0 25-05789 'Property Code			Eunice Monument G/SA						23000					
00013 5			Alanakia A	Property N	A IDE			² Well Number		ell Number				
II. 10 Surface Locati			North N	Unit		Blk	. 16 15		5					
Ul or lot no. Section Township				from the	I North IC	outh Line	Feet from the	the I Family of the I						
0	32	198	37E			660		ıth		1000		County		
11		Hole Lo			300	1 (11	1 1 1 9 8 0	East Lea						
UL or lot no. Section		Township		Lot Ida	Feet	from the	North/South E		ne Feet from the	East/West line		County		
												County		
12 Lae Code	13 Produc	ing Method (Code H Gas	Connection De	le	" C-129 Peru	nit Number		C-129 Effective	Date	" C-	129 Expiration Date		
III. Oil and Gas Transporters														
III. Oil a														
OGRID		17 Transporter Name and Address				20 PC)D	11 O/G	1	n POD ULSTR Location and Description				
37480		OTT Energy Corporation				28070)14	0	Unit C, Sec. 32, T19S, R37E,					
		P. O. Box 4666 Houston, Texas 77210-4666						Bassa S	NMGSAU Battery No. 66.					
1			rren Petroleum Company						Unit E Coc 20 Tico 20-					
		P. 0. Box 1589				2815		G	Unit F, Sec. 32, T19S, R37E NMGSAU Satellite No. 16,					
T		Tulsa, 0k. 74102							Warren Meter No. 793.					
			enaren en e					······································						
IV. Produced Water														
	POD		**************************************			²⁴ POD UI	LSTR Loca	tion and I	Description					
2085		Uni	t C, Sec	. 32, T1	9S, F	R37E, Ri	ce En	gr. co	onnection	at NM	GSAU	Btry. 66.		
V. Well	Comple	tion Data	<u>a</u>											
³ Spud Date			²⁴ Ready Date			מד יי			" PBTD		17 Perforations			
* Hole Siz			31.0	asing & Tubing Size										
11010 012			1	asing & Tubii	ng Size		· n	Depth Se	<u> </u>		39 Sack	s Cement		
								 						
														
VI. Well	Test Da		Д											
Date N			Octivery Date	× T.	st Date		" Test Le		7 27 -			*0 -		
				1		. I CHA LLE	ang ta	³⁶ Tbg. Pressure		* Cag. Pressure				
* Chok	e Size	4 08		a Water			^d Gas		" AOF		* Test Method			
									, AUF			Test Method		
"I hereby certi-	fy that the rue information	les of the Oil	Conservation D	ivision have be	a compli	red T	_							
knowledge and	belief.	1.11	/ /	raver at least deast	OF DRY		Ol	L CO Orice	NSERVATI	ON D	IVIS	ION		
Signature:	4. 11.1	Dun	ler &		Approve	Orig. Signed by Approved by: Paul Kautz								
Printed name: R. L. Wheeler, Jr. Title: Goologist														
Title:	Admin.	Svc. Co	oord.				Approval Date:			OFD OW				
Date: Sept	. 14, 1	995	Phone: 5(Phone: 505 393-2144				SEP 2.7 1995						
" If this is a change of operator fill in the OGRID number and name of the previous operator														
						-								
	perator Siza	正以於「可		Printe	Printed Name Title					Date				

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.

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.
- Reason for filing code from the following table: NW New Well

NW RC CH

New year Recompletion Change of Operator Add oil/condensate transporter Change oil/condensate transporter Add gas transporter

AO CO AG CG RT

Change gas transporter
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
- 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: 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
 P Fee
 J Jicarilla 12.

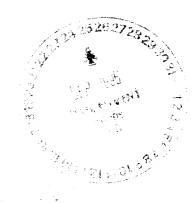
SPJ

- Navajo Ute Mountain Ute Other Indian Tribe
- 13 The producing method code from the following table: 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.
- 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.
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- 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:
 O Oil
 G Gas

- 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 24. 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
- Top and bottom perforation in this completion or casing shoe and TD if openhols 29.
- 30. Inside diameter of the well bore
- 37. 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
- MO/DA/YR that gas was first produced into a pipeline 35.
- 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
- 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.
- 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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