District I PO Box 1986, Hobbs, NM \$8241-1986

District II

State of New Mexico
Energy, Mineral & Natural Resources Department

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

NO Drawer DD, Artesia, NM \$8211-671! District III			OIL CONSERVATION PO Box 2088				N DIVISION		Submit to Appropriate District Office  5 Copies			
1900 Rio Brazzo Rd., Axtee, NM 87410 District IV				87504	<b>4-2088</b>			AMENDED REPORT				
PO Box 2088, Santa Fe, NM 87504-2088												
I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT  Operator Basse and Address  OGRID Namber												
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30 - 025-0			MONI	Pool Name ENB <b>Q</b> R			' Pool Code					
' Pro	operty Code		HOILO	colera N	TOTAL CONTRACT MARKET MARKET	Marketon - Horas (10)	N. S. JAN. AND STREET, ST.	<u> </u>	' Well Number			
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II. 10 S	. Surface Locatio		Range	Trad form	Feet from the North/South Line			Feet from the East/West line County				
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" Lee Code P	13 Producis	ng Method Co	de 14 Gas (	Connection Da	ite "C	-129 Perso	ait Number	1	C-129 Effective	Date	17 C-129 Expiration Date	
III. Oil and Gas Transporters												
Transpor OGRID		t⊕	Transporter Name			" PO	)D	<sup>35</sup> O/G	<sup>22</sup> POD ULSTR Location and Description			
009171			OPPOPATION			80714	n	G	GPM GAS SALES METER LOCATED			
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IV. Produ	road Wr	100		estimation and service structure								
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VI. Well		ita						<b>SARSON</b> 4-11-20-12-2		Y.		
M Date N	<sup>M</sup> Date New Oil		Delivery Date 27		est Date	***************************************	" Test Length		* The. Pressure		<sup>36</sup> Csg. Pressure	
"Choke Size		CHECKET STATE STAT	4 04		Water		<sup>a</sup> Gas		AOF		<sup>4</sup> Test Method	
*I hereby certain	fy that the ru	iles of the Oil (	Conservation D	Division bave ber	∞a complied	1	maket estatu ilministrati erroler estatua estatua et	The state of the s			- Design Line of State - Artist Control of the State - Artist Cont	
knowledge and t	e information beliefi	given above u	I true and comp	uplete to the best	t of my			L CO	NSERVAT	ION DI	VISION	
Printed name:  Approved by:  Title:											N	
R.L. WHEELER, JR.												
		C. COORD		25 \ 200	hardendameters of the	App. 01.	JAN 2 7 1995					
Date: 1-19-95  Phone: (505) 393-2144  The little is a change of operator fill in the OGRID number and masse of the previous operator												
	Previous C	O <sub>f</sub> ectedor S <b>igns</b>	dure	Market Market Street Comment	the Control of the Co	Prior	ud Name	Z EU? No. 1 EVE <sup>™</sup> Pres	70 2 THEY PHARMACON ST. LOSS SEC. 12	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 nawly drilled or despended 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 cartifications 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.
- 3,

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)

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
- ٩ 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 fot no." box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- 12. Lease code from the following table:

Federal State Fee Jicarilla

JAU

Navajo Ute Mountain Ute Other Indian Tribe

- The producing method code from the following table:

  F Flowing
  Pumping or other stifficial lift 13.
- MO/DA/YR that this completion was first connected to a gas transporter 14.
- The permit number from the District approved 0-129 for this completion 15
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-199 approval for this completion 17
- 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.

The ULSTR location of this POD if it is different from the well completion focation and a short description of the POD (Example: "Settery A", "Jones CPD", etc., 22.

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- 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.
- 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. HO/DA/YR drilling commenced
- 28. 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
- 3 i. Outside diameter of the casing and tubing
- 3**2**. Depth of casing and tubing. If a casing liner show top and
- 33. 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 pipeline
- 36. MO/DA/YR that the following test was completed
- 37. Langth 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 3**9**.
- 40. Diameter of the choke used in the test
- 41. Berrals 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:

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1.1.

2 - 3

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F Flowing
P Pumping
S Swabbing
If other mathod 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.