District I PO Box 1980, Hobbe, NM \$2141-1980 District II

Form C-104

Revised February 10, 1994
instructions on back
Submit to Appropriate District Office
5 Copies

PO Drawer DD, Artesla, NM 88211-0719 District III 1000 Rio Brazos Rd., Aztec, NM 87410			OIL CONSERVATION PO Box 200					Suba	Instructions on bac Submit to Appropriate District Office 5 Copie		
Dpriga IA			Santa	Fe, NI	M 8750	4-2088	3		☐ AM	IENDED REPOI	
PO Box 2088, Santa Fe.	REQUEST	FOR A	ALLOWA	BLE A	NĎ AI	JTHOI	RIZAT	ION TO TI			
	T	Operator a	ame and Addre	:# !					OCRID Non		
AMERADA HE	SS CORPORAT	ATION						000495			
DRAWER D MONUMENT,	8826	5	·			BIRY. NO.	Resson for Fund 81 ABANE	OONED. FLIITI			
'API Num				· · · · · · · · · · · · · · · · · · ·	Pool Naic			TAKONOCEN	TO BTRY.	NO. 63 Pool Code	
30 - 025-05935	EUNICE MONUMENT G/SA						23000				
000135	. ooe	NO	DTU MONU	Property Name G/SA UNIT BLK. 20				Well Number			
	ce Location	IVU	KIH MUNUI	MENI G	/SA UN	IT BLK	. 20				
U or lot no. Section		Range	Lot.ldn	Feet fro	m the	North	outh Line	Feet from the	East/West tipe	County	
B 6		37E		9:	90	NOR	TH	2310	EAST	LEA	
	n Hole Loca	tion				1		1 2010	1 LA31	LEA	
UL or lot no. Section	Township	Range	Lot Ida	Feet In	om the	North/S	outh line	Feed from the	Fast/Wort line	County	
" Lee Code " Proc	lucing Method Code	1 464	Connection De	1	C-129 Perm		 -				
	,		·		C-129 Perm	н цаврес	` '	C-129 Effective I	Jale II C.	129 Expiration Date	
III. Oil and Ga	s Transporte	r s									
Transporter OGRID		ransporter			и POD и O/G			" POD ULSTR Location			
22628		MEXICO PIPELINE						and Description UNIT M, SEC. 31, T19S, R37E.			
22020	1670 BROADW DENVER, COL	WAY			21310 0			LINE LAID NO. 63	TO NMGSA	U BTRY.	
016120	ENRON North	cerna		G 6. 5	000700				EC 6 TO	00 0075	
A CONTRACTOR OF THE SECOND	REET BOX 1158 XAS 7700277251-			2807068 G		UNIT B, SEC. 6, T20S, R37E. ENRON GAS METER NO. 501082					
	100310N," IE	XAS 4		58				LOCATED A	T WELL.		
			•						-		
		•		29.	· · · · · · · · · · · · · · · · · · ·						
IV. Produced V	·										
21350	UNIT M	, SEC.	31, T19	9S, R37	FOD ULS	TR Locati	kan mad [k	scription			
V. Well Compi	etion Data	01370.	SED BY R	ILE EN	GINEER	ING AT	BTRY	. 63.			
Spud Date		u Ready Date			" TD		* PBTD	· · ·	. ** Perforations		
					·				Ferror Ecocos		
Hole St	22 e	H Casing & Tubing Size			" Depth Sat			" Sacks Cement			
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	· · · · · · · · · · · · · · · · · · ·				-	·					
VI. Well Test I)ata						·				
Date New Oil	M Gas Delivery Date		^M Test Date		27 Test Length		N The. Press	muse N	Cag. Pressure		
"Choke Size	4 01		· • • •	aler	■ Ga		POWER 12/0 Ac.	# 100	·	·	
				•				" AOF		Test Method	
"I hereby certify that the with and that the informati knowledge and belief. Signature:	ruke of the Oil Coas on given above is true Wheeler	ervation Dire and comp	vision have been lete to the best o	complied of my	Approved t		. CON	SERVATIO	N DIVISIO	N	
R.L. WHEELER, JR.					Title:						
ADMIN. SVC. COORD.					Approval Date: JUN 21 1994						
Date: 6-9-94	P	^{booæ} (50	5) 393-2	144				······································			
a If this is a change of of	erator fill in the OC	RID pum	ber and name o	the previo	us operator						
Previous	Operator Signature				Printed !	V					
1						. 4.00€			Tide	Date	

State of New Mexico
Energy, Milbertals & Natural Resources Department

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 despend 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

 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.

request for test allowable findings vinequested)

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
- 8. 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
 P Fee
 J Jicarilla PUZZI Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table:

 F. . Flowing
 P. . . Pumping or other artificial lift 13.
- MO/DA/YR that this completion was first connected to a
- 15. The permit number from the District approved C-129 for this completion
- 18. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this completion 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

WED

J July 100 1834

and the state of

- T! a 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.
- MO/DA/YR drilling commenced 25.
- 26. 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
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing finer show top and bottom. $% \label{eq:casing_show} % \begin{subarray}{ll} \end{subarray} % \begin{subar$ 32.
- 33, Number of sacks of coment 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. Length in hours of the test
- 38. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
- 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. Barrals of water produced during the test
- 43. MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- The method used to test the well:

 F Flowing
 P Pumping
 S Swabbing
 If other method please write it in. 45.
- 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 signsture, 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.

1