District | PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico
Energy, Minerals & Natural Resources Department

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

District II
PO Drawer DD, Artesia, NM 88211

District III 1000 Rio Brazos Rd.,	PO.	RVATION DIVISION D Box 2088 , NM 87504-2088			Submit to Appropriate District O 5 Cc						
District IV PO Box 2088, Santa I	e, NM 87504-20	88							□ \(\lambda \)	ENDED REP	
l.	REQUE	ST FOR	R ALLOW/	ABLE	AND A	UTHORI:	ZAT	ON TO T	RANSPOR	Т	
Amerada H	rest				¹ OGRID Number						
Drawer D Monument, New Mexico 88265								000495			
Monument,					Reason for Filing Code						
'API Number					⁵ Pool Name			RT 27 MCFGPD 1994			
30 - 0 25-0596	Eun	ice Monum	ent G	Grayburg San Andres					Pool Code		
Property	Code				Property Name					Voll Number	
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	m Hole La	37	<u> </u>	19	80	South		1980	West	Lea	
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				1	rom tile	North/South	line	Feet from the	Fast/West Ene	County	
" Lac Code " Pro	ducing Method (Code 14 G	as Connection D	ate '	C-129 Perm	it Number	10	C-129 Effective 1			
F	Р		0 -5- 94				•	C-123 Ellective E	rate "C.	129 Expiration Da	
I. Oil and G						L		24.0			
Transporter OGRID		Transporte	er Name Iress		^H PO	D 31	0/G	n	POD ULSTR Lo	etion	
24650	Warren F	Petroleum Company			A CONTRACTOR OF THE CONTRACTOR			and Description			
24030	P. O. Bo). Box 1589			1843[] G			Warren Sales Meter No. 786			
	Tulsa, C	lsa, Ok. 74102							located in Unit N, Sec. 6, T20S, R37E		
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Well Test D											
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creby certify that the re	iles of the Oil Co	oscrvation Di	vision have been e	omplied if			1_	20000000			
edge and belief.	i given above is t	rue and comp	lete to the best of	my		OIL CO	NSE	RVATION	I DIVISIO	J	
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I name:											
R. L. J		Tide:									
Admin. Svc. Coord. 10-26-94 Phone: 505 303 3144					Approval Date: NOV 0 1 1994						
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New Mexico Oil Conservation Division C-104 Instructions

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

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 Dietrict office.
- 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)

 If for any other reason write that reason in this box. 3.
- The API number of this well 4.
- 5 The name of the pool for this completion
- 6 The pool code for this pool
- 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 complation 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
- The bottom hole location of this completion 11.
- 12. Lesse code from the following table: Federal State Fee SPJNU Fee Jicarilla Navajo Uta Mountain Uta Other Indian Tribe
- The producing method code from the following table:

 For Flowing
 Pumping or other artificial lift 13
- MO/DA/YR that this completion was first connected to a 14. 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.
- MO/DA/YR of the expiration of C-129 approval for this 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.
- 21 Product code from the following table: Oil Gas

- T' e 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 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
- MO/DA/YR this completion was ready to produce 28.
- 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
- Outside dismeter 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.

- MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed 36.
- 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
- 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 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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