District I PO Box 1960, Holds, NM 88241-1980 District II PO Drawer DD, Artenia, NM 88211-0719 District III 1909 Rio Brazos Rd., Aztor, NM 87410 District IV	State of New Mexico Serry, Mileerale & Natural Resources Department OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088					Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office 5 Copies			
PO Box 2088, Santa Fe, NM \$7504-2088	FOR AI	LOWA	RIFAN	ጉ ል፤ ጦህ	ሰወነፖልሞ	ION TO TH		MENDED REPORT	
	Operator anis	e and Addre		DAUIN	URIZAT	ION TO TH	OGRID N		
AMERADA HESS CORPO DRAWER D			ſ	000495					
MONUMENT, NM 8826			\sim	' Reason for Filing Code					
⁴ API Number	national states and an and an and an and an	Pool Name			ECTIVE 1-1-95				
30 - 025-12467 'Property Code	7RQ	operty Name		analyses and second	7648	30			
000209	STATE "V"							Well Number	
II. ¹⁰ Surface Location	rface Location								
U or lot no. Section Township		Lot.ldn	Feet from	the Nor	th/South Line	Fort from the	Esst/West En	e Coupty	
H 36 19S	36E 2310			L N	ORTH	330 EAST LEA			
UL or lot no. Sortion Township	Ringe	Lot Ida	Feet from	the Not	th/South line	Feet from the	Esst/West En	e County	
¹² Lae Code ¹³ Producing Method Co	ode "Gas C	Connection D	Date ¹¹ C·	129 Permit Nu	ster 1	C-129 Effective	Duie "	C-129 Expiration Date	
S F III. Oil and Gas Transpor	tara	* #12800.000.000.000.000.000.000				2. 199 4 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997 - 1997			
Timasporter	Transporter N			" POD	¹¹ O/G		" POD ULSTR	T continue	
OCRID GPM GAS C	and Address			a far far som som stater – som som som som			and Descrip	tion	
4004 PENB	GAS CORPORATION 4 PENBROOK SSA, TEXAS 79762				G GPM GAS SALES METER LOCA IN UNIT H, SEC. 36, T-19 R-36E.			IER LOCATED 36, T-19S,	
				1		a a talah da barta da sa	1.1 2004,		
							teratura de la constante de la		
IV. Produced Water								and the second	
rou			1	POD ULSTR	Location and E	Rescription			
V. Well Completion Data				and a second	1.12.1. 1997 - 1997 - 1997 - 1997 - 1997 - 1997		an a		
Spid Date	¹⁴ Ready Dat	le i		מן "		¹¹ PBTD		" Perforations	
* Hale Size	³¹ C	esing & Tub	ing Size	1997 - Tanana Ing Kang Kang Kang Kang Kang Kang Kang Ka	¹¹ Depth Se	"Sters Ceurent			
				The state of the s				and the second	
			and the second states to the second states and	_					
					- The Station of States and States				
VI. Well Test Data			a an		anto se angela y brytegoa man			and where a first three days and the second states and	
	elivery Date		Test Date	" Test Length		* Tog. Pressure		" Cag. Pressure	
	Size "Oil "Water that the rules of the Oil Conservation Division have been com			^d Cu		4 AOF		4 Test Method	
with and that the information given above i knowledge and belief. Signature:	is true and comp	icte to the be	est of my	Approved by:		NSERVAT		SION	
Printed name: R.L. WHEELER,		ORIGINAL SIGNED BY JERRY SEXTON							
Title: ADMIN. SVC. COOR	Tide: DISTRICT I SUPERVISOR Approval Date: JAN 27 1995								
Date: 1-19-95	3-2144								
" If this is a change of operator fill in th	e OGRID num	ber and man	as of the previ	ous operator				And a second secon	
Previous Operator Sign	Frinted Name Title Date								

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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 bar Arral

A request for allowable for a newly 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 sllowable requests on new and recompleted walls.

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.

Operator's name and address 1.

3.

- Operator's OGRID number. If you do not have one it will be essigned and filled in by the District office. 2.
- Resean for filing code from the following table: NW Naw 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) request for test snowscie include vo requested) If for any other reason write that reason in this box.
- 4. The API number of this wall
- The name of the pool for this completion 5.
- 6. 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.
- The bottom hole location of this completion 11.
- 12. Lease code from the following table:
 - Federal State Fee Jicarilla SP

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- J N U
 - Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: F Flowing P Pumping or other artificial lift 13.
- 14. MO/DA/YR that this completion was first connected to a ges transporter
- 15. The permit number from the District approved C-129 for this completion
- 16 MO/DA/YR of the C-129 approval for this completion
- 17. MO/DA/YR of the expiration of C-129 approval for this
- completion 18. The gas or oil transporter's OGRID number

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

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- 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", "Jories 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
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- 33. Number of eacks of cement used per casing string

The following test date 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 ail 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 suthorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47

19.	Name and address of the transporter of the product								• •				
20.	will be t or recor	The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or recomplation and this POD has no number the district office will assign a number and write it here.								COS HOBER			
21.		code fre	om the	following t	able:				• ·· · · •	OFFICE	The second se		
	G	Oil Gas		•		10.) 1			17 A		ο του του του του του του του του του το		
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