District I PO Box 1980, Hobbs, NM 88241-1960					E		Mexico	Form C-104 Revised February 10, 1994								
District II "O Drawer DD, Artenia, NM \$\$211-0719 District III				OIL CONSERVATION DIVISION PO Box 2088							Instructions on back Submit to Appropriate District Office 5 Copies					
1909 Rio Brazos Rd., Aztoc, NM 87410 District IV				Santa Fe, NM 87504-2088							AMENDED REPORT					
PO Box 2082, S I.	anta Fc,			ΓFC	OR AL	LOWA	BLE A	AND	AUTH	IORI	ZAT	ION TO T	RAN	SPORT	[
Amerad	 - Heg		ornora	Operator same and Address							· OGRID Number					
Amerada Hess Corpora P. O. Box 840											000495 * Remon for Filing Code					
Seminole, Texas 7936				0-0840							Connect to Sat. #12, 5-19-98.					
· API Number				<u>.</u>			l Name		* Pool Cade							
30 - 025-23208							Ionumei	23000 'Well Number								
				Nor	th Mo	•	•	t B1k. 7			5					
II. ¹⁰ Surface Location					r			· · · · · · · · · · · · · · · · · · ·								
Úluriotao.			Точыцір			Lot.lda		Feet from the		North/South Line					Vest line County	
	E 21 19S				37E		10	North			330	West Lea				
UL or lot no. Section Township									om the North/South line			Feet from the H		East/West line County		
H L C. de	U.D.							1		<u> </u>						
¹¹ Lae Code S	- Pro	dacrel	g Method (ode	" Gaa (Connection D	aic	" C-12	9 Permit N	umber		" C-129 Effective	Date	" C	-129 Expiration Date	
III. Oil a	nd G	as T	ranspo	rters	s							<u> </u>				
	· · · · · · · · · · · · · · · · ·				nsporter N nd Addren				²¹ POD ²¹ O/G			²² POD ULSTR Location and Description				
037480 EOTT Ener						817166 0			Unit F, Sec. 30, T19S, R37E,							
P. O. Box			4000 Toxas 77210 4666								NMGSAU Central Facility, 1st LACT Unit.					
0226	28	Tex	as-New	w Me	exico	Pipelin			317167		0	1			19S, R37E,	
P. 0. Box					5568 T.A. olorado 80217							NMGSAU Central Facility, 2nd LACT Unit.				
					troleum Company IP				817168 G			Unit F, Sec. 30, T19S, R37E,				
13000430				NW Freeway,Ste.1200 Texas 77040				01/108 G			NMGSAU Central Facility, Warren Meter No. 824.					
024650 Warren Pe			· · · · ·		28	821177 G			Unit D, Sec. 28, T19S, R37E,							
13000430 N				NW	Freew		Satell Satell			Satellit	ite No. 12, Warren No. 943.					
IV. Produced Water											aneter no	. 94	·J.			
1	POD											Description				
	7169 Com	nleti			Sec.	30, 11	<u>95, R</u>	3/E.	. Pro	d. wa	ater	to NMGSAU	Cei	nt. Fac	. for inject	
V. Well Completion Data			²⁴ Ready Date					" TD			" PBTD		1	¹⁹ Perforations		
	" Hole	Size			" C	lasing & Tub	bing Size	<u>.</u>	<u> </u>	<u>п</u>	Depth S	લ 🦷		" Sa	cks Cement	
	·															
				+												
					······											
VI. Wel			ta						·							
" Date	New Oil		¥ Gas	Delive	ery Date	· • •	Test Date	:	יז	Test Le	agth	* Tbg.	Pressa	re	³⁴ Cag. Pressure	
" Cho	ke Size			" Oil	1		4 Water			⁴⁰ Gas			OF		" Test Method	
	_															
* I hereby ce with and that								bied		01		NSFRVA	TIO		SION	
knowledge an Signature:		<i>D</i> ,,	11	1	Λ				OIL CONSERVATION DIVISION CRIGINAL STONED OF CHRIS WILLIAMS Approved by: DISTRICT SUDDOWN OF WILLIAMS							
Printed name:	<u>1 </u>	<u>U</u>	lylle	¥	4				Approved by: DISTRICT I SUPERVISOR							
Roy L. Wheele						11	Approval Date: 1747 2 6 1998						·			
Date:	<u>in.</u>)-98	Svc. (r ·	rd. Pboox: 915 758-6700								<u> </u>				
⁴ If this is a						nber and as		: previo	us operator	r		<u> </u>				
ļ	P	inne O	perator Si		~				Bui	No				Title	n	
	1.164	sous U	warmer se	4 anui 1	ι¢				Printed	NEME				1 LLLC	Date	

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IF THIS	IS AN AMENDED REPORT. CHECK THE BOX LABLED DED REPORT AT THE TOP OF THIS DOCUMENT
Report a Report a	Il gas volumes at 15.025 PSIA at 60°.
accomp	st for allowable for a newly drilled or despaned well must be enied by a tabulation of the deviation tests conducted in noe with Rule 111.
	ons of this form must be filled out for allowable requests on a recompleted wells.
changes	only sections I, II, III, IV, and the operator cartifications for of operator, property name, well number, transporter, or ich changes.
A sepa complet	rate C-104 must be filed for each pool in a multiple ion.
imprope operato	riy filled out or incomplete forms may be returned to is unapproved.
1.	Operator's name and address
2.	Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
3.	Reason for filing code from the following table:NWNew WellRCRecompletionCHChange of OperatorAOAdd oil/condensate transporterCOChange oil/condensate transporterAGAdd gas transporterCGChange gas transporterRTRequest 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
7.	The property code for this completion
8.	The property name (well name) for this completion

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- The weil number for this completion 9.
- 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 12.

 - Federal State Fee Jicarilla

 - SPJNU Navajo Ute Mountain Ute Other Indian Tribe ī
- The producing method code from the following table: F Flowing P Pumping or other artificial lift 13.
- $\ensuremath{\mathsf{MO}}\xspace/\ensuremath{\mathsf{DA}}\xspace/\ensuremath{\mathsf{YR}}\xspace$ that this completion was first connected to a gas transporter 14.
- The permit number from the District approved C-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-129 approval for this 17. completion
- The gas or oil transporter's OGRID number 18.
- Name and address of the transporter of the product 19.

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a. 1.

- 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 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.)
- MO/DA/YR drilling commenced 25.
- 26. MO/DA/YR this completion was ready to produce
- Total vertical depth of the well 27.
- Plugback vertical depth 28.
- Top and bottom perforation in this completion or casing shoe and TD if opennole 29.
- Inside diameter of the weil bore 30.
- Outside diameter of the casing and tubing 31.
- 32. Depth of casing and tubing. If a casing liner show top and bottom.
- 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.

- MO/DA/YR that new oil was first produced 34.
- MO/DA/YR that gas was first produced into a pipeline 35.
- 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
- MCF of gas produced during the test 43.
- Gas well calculated absolute open flow in MCF/D 44
- 45. The method used to test the well:
 - Flowing Þ Pumping
 - Swahhi
 - If other method please write it in.

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- 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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