State of New Mexico

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

District I PO Box 1988, Hobbs, NM 88241-1988 District II

PO Drawer DD, Artesia, NM 98211-9719			• 0	OIL CONSERVATION DIVISION					Submit to Appropriate District Office 5 Copies			
District III 1980 Rio Brusso Rd., Asten, NM 87418			PO Box 2088 Santa Fe, NM 87504-2088									
District (V			•						☐ AM	ENDED REPORT		
PO Box 2888, 5	leate Fe, NM R	EOUES	T FOR A	LLOWA	BLE AN	D AUTHO	RIZAT	ION TO TE	ANSPOR	r		
<u>. </u>			Operator sal						OGRID Nem			
Hallwood Petroleum, Inc. P. O. Box 378111 THIS WELL HAS BEEN PLA						ACED IN THE	POOL	009812				
f	Box 3			23514 1 5 1 5 1	1220	ON DO MOI CONCIN		RC, CG Change Prop				
Denver, CO 80237			NOT	IFY THIS	<u> </u>			Name & H				
'API Number			Hat	Missi	ξ.	Tool Name	≺ /		196 Pool Code			
30 - 025-24263				Wilde	at (Wol:		camp) 4 - 155		75433 'Well Number			
' Property Code -004871 1ろ11ス				_		Bass Fre						
				Bass	Federal	1345	5+220	kera lor	<u>n</u>	1		
II. 10 :	Surface	Townsie		Lot.lda	Feet from	the North	Seeth Line	Feet from the	East/West Eas	County		
		·			1,00	0 1	~~+h	1980	Uoat	Too		
F 30		20s			1980	North		1900	West	Lea		
11 Bottom Hole Location UL or lot no. Sentine Township Range Let Ida Feet from the North/Seeth Eas Feet from the East/West East								Consey				
" Lee Code	19 Product	ng Method (Codo " Gas	Connection ['a C-	129 Permit Numb	-	C-129 Effective I	Outo 17 C	-129 Expiration Date		
F		F	11	/1/95				<u></u>				
III. Oil a		Transpo	rters									
Transporter OGRID		1º Transporter Name			# POD # 0/G		2 POD ULSTR Location and Description					
		Pride Pipeline Co.			1	051710						
		Box 2436			051710 0							
Abilene		e, TX 79604			.							
					051730 G				·			
4044 Pen Odessa			nbrook TX 79762									
												
IV. Prod		ater										
POD ULSTR Location and Description 1051750												
		sian Da						· · · · · ·		-		
V. Well	Comple	don Dai				מו יי		" PETD " Perforations				
10/26/72		•			1		2,365'	11 400-11 425				
* Hote Star			" Casing & Tubing Size			²² Depth Set			* Seeks Coment			
20"			16" 65# H-40			1153			500			
15"		13.375" 54 & 61# K-			3055		1230					
12.25"		9.625" 43.50# S-95			10300'		3125					
8.50"			5.50" 17# S-95			10070 - 1360		0,1	750			
VI. Well		 ata	13.30	171 3-	7 J	10070	- 1300	<u> </u>				
	New OB		Delivery Date	-	Test Date	" Test	Laga	" The. P	****	P Cag. Pressure		
9/14			1/95 11/3		/3/95	5 24 h		25#		-0-#		
7.780	es Ter		i		w 11/11 w	• · · · · · ·		- AC	F	* Test near .		
	open I hereby certify that the rules of the C		19 -0-			36		N/A F		F		
" I bereby cer	rufy that the i the suforman	rules of the C The given when	od Conservation in	Divisions believe replieve to the b	been complied		סוז ככ	NSERVAT	ION DIVI	SION		
with and that the information given above is true and complete to the best of my knowledge and belief.						OIL CONSERVATION DIVISION ORIGINAL SIGNED BY JERRY SEXTON						
	(m)	rully					Approved by: DISTRICT I SUPERVISOR					
Proted same:		a Karda	as			Title:						
Title:	Pr	oducti	on Techni	ician		Approval Date: DEC 2 0 1995						
Date: 12	11 95		Proces: (303) 850-6282									
" If this us a	charge of o	person (ill i	a the OGRID at			vors obstates						
	P	0										
11	1 1041	Operator 5	d Darn Le			Property New	>		Title	Date		

New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LASLED "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 despende 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.

Improperty filled out or incomplete forms may be returned to operators unapproved.

- Operator's name and address
- Operator's OGRID number. If you do not have one it will be essigned and filled in by the District office. 2.
- Reason for filling code from the following table: 3.

RCHOOGGT

or filing code from the following table:
New Well
Recompletion
Change of Operator
Add bil/condensate transporter
Change oil/condensate transporter
Add gas transporter
Change gas transporter
Request for test allowable (Include volume requested)

if for any other reason write that reason in this box.

- The API number of this well
- The name of the pool for this completion 5.
- The pool code for this pool 6
- The property code for this completion 7.
- The property name (well name) for this completion 8.
- The well 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.
- The bottom hole location of this completion
- Lease code from the following table: 12.

sa from the follows Federal State Fee Jicarilla 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 gas transporter
- 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.
- $\ensuremath{\mathsf{MO/DA/YR}}$ of the expiration of C-129 approval for this completion 17.
- 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.
- roduct code from the following table: Oil Gas

- The ULSTR location of this POO if it is different from the well completion location and a short description of the POO (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 essign a number and write it here. 23.
- The ULSTR location of this POO if it is different from the well completion location and a short description of the POO (Example: "Battery A Water Tank", "Jones CPO Water 24.
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- Plughack vertical depth 28.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Incide diameter of the well bare 30.
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- Number of sacks of coment used per casing string

The following test date is fer 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 pipelin
- 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
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 41. Berrels of oil produced curing the test
- Barrels of water produced during the test
- 43. MCF of one produced during the test
- Gas well calculated absolute open flow in MCF/D 44.
- The method used to test the well: 45. Pumping Swappin

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 authorized to verify that the previous operator no longer operates this completion, and the date this report wes signed by that person 47

