| District 1 PO Box 1980, Hobbs, NM 88241-1980 District II | | | State of New Mexico sergy, Minerals & Natural Resources Department | | | | | | Form C-104 Revised February 10, 1994 | | | | |
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| NO Drawer DD. District III | | | OIL CONSERVATION DIVISION PO Box 2088 | | | | | ON | Instructions on back Submit to Appropriate District Office 5 Copies | | | | |
| 1909 Rio Brazos Rd., Astoc, NM 87416 District IV | | | Santa Fe, NM 87504-2088 | | | | | | | | | | |
| PO BOX 2088, Stats Fe, NM \$7504-2088 AMENDED REPORT I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT | | | | | | | | | | | | | |
| | | | Operator Ba | ne and Addre | | ND AU | THOR | IZAT | ION TO TH | | D Numb | | |
| | | CORPOR | RATION | ATION | | | | | | . 000495 | | | |
| DRAWE MONUM | R D ENT, NM | 1 88265 | | | | | | | 'Resson for Filing Code | | | | |
| | UPI Number | T | ⁴ Pool Name | | | | | | CG EFFECTIVE 1-1-95 | | | | |
| 30 - 025- | | | EUMONT YATES 7RQ | | | | | | ' Pool Code | | | | |
| ' P1 | roperty Code | | ¹ Property Name | | | | | | ***** | 76480 'Well Number | | | |
| 00022 | | | W.A. WEIR B | | | | | | 3 | | | | |
| II. ¹⁰ (U) or lot no. | Surrace | Location Tewnship | Range Lot.Idn Feet from the North/South Liz | | | | | | Feet from the Essi/West line Country | | | | |
| B 26 19S | | | | 680/ | | | | | | East/West line County | | | |
| ¹¹ Bottom Hole Lo | | cation | | W | KORTI | | 1980 | EAS | EAST LEA | | | | |
| UL or lot no. | Section | Toweship | Range | Lot Ida | Feet from | n the | North/South line | | Feet from the | Essi/W | est line | County | |
| ¹² Lee Code P | " Produci F | ing Method C | ode 14 Ges | Connection D | ate ¹¹ C | -129 Permi | 1 Number | 1 | C-129 Effective | Date | " C-1 | 29 Expiration Date | |
| III. Oil a | | Transpoi | rters | - | | and and a state of the second | | | | | | | |
| ITTNASPO. OGRID | rter | of the local division of the local divisiono | ' Transporter and Addres | ²¹ POD ²¹ O/G | | " POD ULSTR Location | | | | | | | |
| 009171 | GPI | M GAS C | ORPORATION | | | | | and Description GPM GAS SALES METER LOCATED | | | | | |
| | 400 | 04 PENB ESSA, TI | | | | 034830 G | | | IN UNIT B, SEC. 26, T-19S, R-36E. | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| IV. Produ | uced Wa | ater | | | | | | | | | | | |
| | | | | | 3 | * POD UL | STR Local | ion and I | Description | | | | |
| V. Well | Complet | ion Data | | | ₩₽₩₽₩₽₩₽₩₽₩₽ ₩₽₩₽₩₩₩₩₽₩₽₩ ₩ | ti Las Galancias (Providente a | ····· | | n an | | | a a la | |
| ¹⁵ Spud Date | | | " Ready Date | | | תז ^מ | | | ² PBTD | | " Perforations | | |
| " Hole Size | | | " Casing & Tubing Size | | | " Depth Set | | | ³³ Sacks Cemen | | Centent | | |
| | | | | | | | | | | | | | |
| | a nada ata ang ng minang ang ing ing ing ing ing ing ing ing ing i | | | | ************************************** | | | | | | | | |
| | | * | | | a for the second se | | | | | | | | |
| | Test Da | ita | 1 | | an a | | | | | - | | | |
| ¹⁴ Date N | | | elivery Date | ×T | cat Date | Date | | gth | * Tbg. Pressure | | " Cag. Pressure | | |
| | | •0il • • • | | Waler | - | ⁴ Gas | | " AOF | | ⁴ Test Method | | | |
| " I hereby certis with and that the knowledge and I | c miourshou | les of the Oil i given above i | Conservation Di is true and comp | ivision have be plete to the best | en complied t of my | | OI | L COI | I NSERVATI | ON D | I IVISI | ON | |
| Signstaire: | Whi | ly 4 | | Approved bORIGINAL SIGNED BY JERRY SEXTON | | | | | | | | | |
| Printed manne: R.L. WHEELER, JR. | | | | | | | Tide: DISTNICT I SUPERVISOR | | | | | | |
| - · · | COORL | | | Approval Date: JAN 2 7 1995 | | | | | | | | | |
| 1-19-95 Proces: (505) 393-2144 | | | | | | | | | | | | | |
| " If this is a change of operator fill in the OGRID number and name of the previous operator | | | | | | | | | | | | | |
| | Previous O | perator Signi | litere | and and an operation of the second | n Branda y Mar (Kan Alban (Kan Integra | Printed | Name | | an (fallen and a state of the | Tlu | ¢ | Daie | |

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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 barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tasts 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.

Improparly 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.
- 3.
- Rescon for filing code from the following table: NW New Well RC Recompletion CH Change of Operator AO Add oil/condensate transporter CO Change cil/condensate transporter AG Add gas transporter CG Change gas transporter RT Request for test allowable (Include volume requested) equested) 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
- 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
- 12. Lesse code from the following table:
 - Federal State Fee

S P J

- Jicarilla
- Navejo Ute Mountain Ute Other Indian Tribe
- NU
- The producing method code from the following table: 13. Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14. gas transporter
- The permit number from the District spproved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- 17. MO/DA/YR of the expiration of C-129 approval for this
- completion 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.
- Product code from the following table: O Oil G Gas 21.

- 22. 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.)
- 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: "Bettery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- 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
- 3i. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and bottom.
- 33. Number of secks of cament used per casing string

The following test dats 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.
- 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
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells
- 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 Swebbing 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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