District I PO Box 1988, Hobbs, NM 22241-1988 District II

State of New Mexico
gr, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office

20 Drawer DD, Artosia, NM \$1211-4719

District III

OIL CONSERVATION DIVISION

1000 Rio Brazo	Rd., Aze	c, NM 87410		Santa	PO B	ox 2088 M 8750	4 2000					5 Copies	
District IV PO Box 2008, S	ants Es. M	M 97504 1000		Jana	10, 11	141 01304	4-2088			ſ	7 AM	ENDED REPORT	
I.				LLOWA	RIE	A CITA	זמ או זיייי	7 4 75	ION TO T	ے 		ENDED KEPOKI	
			Operator at	rae and Addre	COLL ?	TID AC	THURI	ZAI	ION TO T				
Amerada Hess Corporation							³ OGRID Number 000495						
Drawer D Monument, New Mexico 88265									Reason for Filing Code Eff. 10 1-9				
Honume	nt, ne	w Mexico	0 88265						Change L	ease	Name	from	
	Pl Number			Pool Nam	e		Monument Abo Unit No. 1						
	30 - 025-26886			Monument Abo							46970		
	ор ену Сы 34 17		' Property Name Monument Abo							' Well Number			
		Location		nt Abo							1		
Ul or lot no.	Section	Township	Range	Lot.lda	16.46	on the	T						
С	2	205	ļ	1 1			North/South Line		Feet from the	East/West line		County	
		Hole Lo	36E		800	800		h	1750	Wes	t	Lea	
UL or lot so.	Section	Township		I to te-	1 =		Υ		·				
		10winanp	A.mee	Lot Ida	Foot	rom the	North/South line		Feet from the	East/West line		County	
12 Lee Code	13 Produc	cing Method C	ode ¹⁴ Gas	Connection D	-1	C-129 Perm							
Р	F	P	3/	or la		C-149 Ferm	at Mamper	'	* C-129 Effective	Date	" C-1	129 Expiration Date	
II. Oil a	nd Gas	Transpor	rters	18/Ex				<u></u>			<u> </u>		
Transpor	ter		Transporter			и Ро	D T	n O/G	1	Bon.	II Care		
OGRID		and Address							²³ POD ULSTR Lecation and Description				
02262	4	xas-New	Mexico	Pipeline	e Co.	003571	.0	0	Unit F, S	ec.	2. T20	S. R36F.	
	De	nver, C	5568 T. olorado	A. 80217	8	*		(Monument	Abo I	Btry.	,	
02465	n Wa	rren Per	troleum	Company		in our war with the		0	Uni+ F C		7 700		
P. P. Carlotte		0. Box	1589	1	0035730 G			Unit F, Sec. 2, T2OS, R36E, Monument Abo Btry.					
	1U	isa, uk	lahoma74	102						,,,,,,	J C1 J .		
					j								
						and the same	¥ 4. 4						
						and the same of							
	366					Serve a militar	s (Area in the later	de Sandrian					
V. Produ	iced W	ator											
	POD					14							
003575	50	Kice	Engr. S	System 1	ocated	- POD UL	STR Locatio	m and D	Description				
		tion Data	nit F,	sec. 2,	1205,	R36E,	Monumen	t Ab	o Btry.				
^B Spu	d Date	Zon Zuz	H Ready D	ale	·	n TD			V				
									" PBTD		" Perforations		
™ Hole Size			n (asing & Tubi		n D			3 Sacks Consent				
									·		- Sacks	Cement	
										 -			
							·						
													
I. Well	Test Da	ata	1					•		· · · · · · · · · · · · · · · · · · ·		* *	
M Date No			elivery Date	× T.	est Date		" Test Lengt		1				
							Lest Length		3 Tog. Pressur			Cag. Pressure	
" Choke Size		4 OS		4 Water		● Gas		" AOF			45		
										1	4 Test Method		
I hereby certify	that the ru	iles of the Oil	Conservation D	ivision have be	ca complie	4			<u></u>				
with and that the moviedge and b	clied.	4 30004 E / /	s true and comp	licte to the best	of my		OIL	CO	NSERVATI	ON I	OIVISI	ON	
ignature:	18/1	Vhull				Approved	iby: -	R+CLIA]చ్≮ జనాకుగారా ఇ	المراجع والاراد		-031	
Printed service R. L. Wheeler, Jr.							ORIGINAL SHAMES BY HEARY SEXTON						
Admin. Svc. Coord.													
Octob		_	1.4.4	- Inprove	Approval Dela: OCT 12 1995								
" If this is a ch	Lings of ano	roter fill in th	000 m	5 393-21	144	<u> </u>							
				~~ 200 <u>2000</u>	of the pro	rvious operat							
	Previous O	perator Signa	ture		· · · · · · · · · · · · · · · · · · ·	Printer	I Name		· · ·	***	ile		
						- 7 100 000				R	H.FE	Date	

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 completion.

Improperly 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 assigned and filled in by the District office. 2.
- 3.

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)

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
- 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
- Lesse code from the following table: 12.

Federal State Fee Jicarilla

Navajo Ute Mountain Ute Other Indian Tribe

- 13. The producing method code from the following table: Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14.
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- 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.

e. Kata ang eras <mark>amanganasi aa</mark> me

ML CONSEL (

.

Arrest Server

The state of the contract of t

Product code from the following table:
O Oil
G Gae 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.) 27.
- 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 seeign 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 POO (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)
- 26. MO/DA/YR drilling commenced
- 28 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
- Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and
- 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
- 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.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 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. ne 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 data 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.

The second of th THE ROOM 34 15 16 1276 * 18.05 EL &T

्रेथ्य हिरा

3130 491

17: (1 n)*