District I

PO Box 1980, Hobbs, NM 88241-1980

District II

PO Drawer DD, Artesia, NM 88211-0719

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

State of New Mexico Enc ey, Minerals & Natural Resources Department

Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office

OIL CONSERVATION DIVISION **2040 South Pacheco** Santa Fe, NM 87505

MENDED REPORT

5 Copies

2040 South Pacheco, Santa Fe, NM 87505														
I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT														
¹ Operator name and Address										² OGRID Number				
Burlington	S						026485							
P.O. Box 5								³ Reason for Filing Code						
Midland, T						<u> </u>	Need W	Need Water Pod Eff 09-93-6-97						
4 /	API Numb	er					⁵ Pool Name					6	Pool Code	
30-0 25-32025				Eumont Yates 7 Rivers Queen (Pro Gas)						field 76480				
7 Propert Code				8 Property				y Name			9 Well Number			
	20				Shell State								1	
II. 10	Surfa	ce I	e Location											
UL or lot no.	Section	'	Township	Range	Lot. Idn	Feet 1	from the North/South Line			Feet from th	the East/West lin		County	
E	13				1980 N			800		W	Lea			
	Botto	m I	Hole Loc	ation				<u> </u>						
UL or lot no.	Lor lot no. Section Township Range Lot. Idr						from the	North/Sout	h Line	Feet from th	ne East/	West line	County	
12	12 - 1		16.1.16	1 4 6 6		15	G 100 P			G 100 D.C.		17.5		
12 Lse Code 13 Producing Method		Method Co	Code 14 Gas Connection Date		"	15 C-129 Permit Number		16	C-129 Effe	C-129 Effective Date 17 C-129 Expi		-129 Expiration Date		
III. Oil and Gas Transporters 18 Transporter 19 Transporter Name 20 POD 21 O/G 22 POD ULSTR Location														
OGRID				nsporter Name ad Address	•		210/0			and Description				
20000 Sid Richards			Richardso	on Gas			2818456 G							
20809 Sid Richards				J. 335			2010 4 30 G							
	11. 15.45 14. 14.					£ '								
						-		<u> </u>	On Sand					
						5								
TV Droduced Water														
23 POI	IV. Produced Water 23 POD 24 POD ULSTR Location and Description													
2820	78	7												
V. Well C	'omple	tio	n Data					····································	.	 				
				eady Date 27 TD			²⁸ PBTD			29 Pe	erforations	O DHC, DC, MC		
31 Hole Sie				32 Casing & Tubing Size			33 Depth Set					34 Sacks	Cement	
								. (
-														
			+	 										
X7T XX7.11 7	Post ID	n+-												
VI. Well 7		_	Gas Deliver	ry Date	37 Test Date	e	38 Т	est Length		³⁹ Tbg. Pr	essure	40	Csg. Pressure	
				2 +-1 er 44			5		5					
41 Choke Siz	re.		⁴² Oil		43 Water		4	44 Gas		45 AOI		46 Test Method		
					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						•			
47 I hereby certi	fir that the		s of the Oil C	Conservation	Division have he	li						<u> </u>	-	
complied with an	rmation give			OIL CONSERVATION DIVISION										
the best of my knowledge and belief. Signature: Approved by: Approved by:														
Printed name:	<u>.ccc</u>	<u>(</u>	<u> </u>	raise d		Title:	i.	<u>G. 125</u> FIFI N	WINK HEP. II					
Carla Young														
Title:				Approval I	Date:	24	1998							
Production Analyst Date: 2 16 09				Phone:	E) 600 665	$-\parallel$,						
3-16-				(9)	15) 688-689									
47 If this is a ch	nange of o	регаt	tor fill in the	OGRID numl	per and name of	the pr	evious opera	tor						
	F	Previo	ous Operator	Signature			Print	ed Name			Ti	tle	Date	
						·							-	

New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT.

Report all gas volumes at 15.025 PSIA at 60 degrees. 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.

- 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.
- Reason for filing code from the following table: NW New Well 3.

RC CH Recompletion

Change of Operator Add oil/condensate transporter

Change oil/condensate transporter

AO CO AG CG

Add gas transporter Change Gas transporter Request 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
- 9 The well number for this completion
- 10. The surface location of this completion NOTE: If the number 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.
- 11. The bottom hole location of this completion
- Lease code from the following table: F Federal 12.

Federal State

s P Fee

J Jicarilla

Navajo

U Ute Mountain Ute

Other Indian Tribe

13. The producing method from the following table:

Flowing

- Pumping or other artificial lift
- 14. MO/DA/YR that this completion was first connected to a gas 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
- 19 Name and address of 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 20 office will assign a number and write it here.
- 21. Product code from the following table:

O G Oil

Gas

- 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.)
- 23. The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and the POD has no number the district office will assign a number and write it here.
- 24. The USLTR location of this POD if is is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- 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 31.
- 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.

- 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. Length in hours of the test
- Flowing casing pressure oil wells Shut-in casing 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:

Flowing Pumping

P

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 46. about this report.
- 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. signed by that person.

