## .: District I PO Box 1986, Hobbs, NM 88241-1980

District II

## State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994 back office

	011100
	5 Copies

PO Drawer DD, Artesia, NM 88211-0719 District III 1000 Rio Brazos Rd., Axtec, NM 87410 District IV		)	OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088				Instructions on Submit to Appropriate District O 5 Co			
PO Box 2088, Santa I [_			ALLOWA	BLE AN	D Alith	`∩D17∧1	TION TO T		MENDED REP	
TERRY PATE	;	Operator	name and Addr	CAS	DAUIN	ORIZA	TON TO I	<sup>2</sup> OGRID No		
o/c OIL RE P. O. Box	755 & G/	AS SERVI	CES, INC.	•			<del> </del>	153644 Reason for FIE	ng Code	
HOBBS, NEW MEXICO 88241			$\mathcal{O}_{\mathcal{O}}$			CH EFFECTIVE 04/01/96				
API Number			<sup>5</sup> Pool Name				* Pool Code			
30 - 025-32163 Property Code			NADINE SAN ANDRES				96396			
018864		Property Name			³ Well Number					
	ace Locatio			FRANCE	ES EVELY	N			001	
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UL or lot no. Section	m Hole Lo		1	·,						
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I. Oil and G										
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020445	SCURLOCK I	PERMIAN						and Descripti	<b>OB</b>	
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	SID RICHAR		SOLINE CO	).	2806932	G	27.05.10			
	201 MAIN S					G	N-35	-19S-38E		
3 4	FORT WORTH	, TX 76	102	3907 F. 1	A DESCRIPTION					
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				<sup>24</sup> POi	D ULSTR Loc	ation and Des	cription		<del></del>	
Well Compl	etion Data				<del></del>			<del></del>		
15 Spud Date		<sup>26</sup> Ready Date		" TI	" TD		" PBTD	и	29 Perforations	
* Hole Si	2e	³i Cı	sing & Tubing	Size		<sup>2</sup> Depth Set	<del></del>			
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Well Test D	Note					<del></del>				
Date New Oil	Ata Gas Deli	von Die								
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## New Mexico Oil Conservation Division C-104 Instructions

## 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.

- 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

  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)

  If for any other reason write that reason in this box. 3.
- 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
- Lease code from the following table:
  F Federal
  S State
  P Fee
  J Jicarilla
  N Navajo
  U Ute Mountain Ute
  I Other Indian Tribe 12.
- 13. The producing method code from the following table: lowing 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 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
- 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.

- 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 well completion location and a short description of the POD (Example: "Battery 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
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and 32.
- 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 tubing pressure oil wells Shut-in tubing pressure gas wells 38
- 39. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- Diameter of the choke used in the test 40.
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43 MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D
- The method used to test the well:
  F Flowing
  P Pumping
  S Swabbing 45. 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 was signed by that person 47.

