District 1 PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised Octobei 18, 1994 Instructions on back

District II

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District III 1000 Rio Brazo District IV			OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505					Sub	Submit to Appropriate District Off 5 Cop			
2040 South Pac	checo, Sant	a Fe, NM 8750 REOUES	os ST FOR A	ALLOWARI	ÍFΔ	ND AI	TTUODIZ	ATION TO T			DED REPO	
		- Q O E O	Operator n	ame and Address	<u></u>	IND A	JIHURIZA	TION TO I	KANSP(
Mewbourne Oil Company									14744			
P.O.Box 5270 Hobbs, M1 88241									3 Reason for Filing Code			
								IW 2	/5/97			
30 - 0 25-	API Numbe - 33746	r	Pool Name						* Pool Code			
⁷ Property Code			Eumont-Yates Seven Rivers Queen (Pro					o (fas)				
16427			Property Name Huston Com						* Well Number			
II. 10 S	Surface	Location	1									
Ul or lot no. Section Township							ine Feet from the	East/West	East/West line County			
11	21	198	37E		99	0	South	860	West		Lea	
UL or lot no.	Section Section	Hole Lo										
M	21	Township 19S	Range 37E	Lot Idn	Feet fro	om the	North/South li		East/West	line	County Lea	
12 Lse Code	13 Produc	ing Method C		Connection Date			South	860	West			
S	• • • • • • • • • • • • • • • • • • •		2-5-97			³ C-129 Permit Number		" C-129 Effective	Date	17 C-129 Expiration Date		
III. Oil ai	nd Gas	Transpor	rters		<u></u>						· · · · · · · · · · · · · · · · · · ·	
Transpor	ter		Transporter		\top	* PO	D 21 O/	G	22 POD ULST	TP Location		
		and Address Warren Petroleum Co.							and Description			
P.O. Box			1589, Tulsa, OK			818873 G		M-21-19	M-21-19S-37E			
74102							Lea Co.	Lea Co., Ni				
CONTRACTOR	M. 450.0.											
			_						· · · · · · · · · · · · · · · · · · ·			
							3.00					
						19.00 M		<u> </u>				
	out it					\$1.00 mm	ng Spirit All Congress of Spirit All Congress					
V. Produ	ced Wa	ter										
²³ P(OD					* POD III	STO I anathra					
28188	324	M 21	-19S-37	E, Lea Co.	, MI		STR Location and	Description				
. Well C	omplet	ion Data										
³ Spud 1 1-10-97		2-5	Ready Date -97	3850	TD		* PBTD	39 Perfora	²⁹ Perforations >2		DHC, DC,MC	
	Hole Size					3	795 '	3586'-36	50'		o, De,Ne	
	12½"			S 5/8"			33 Depth Set		34	Sacks Cen	ent	
7 7/8"			5 ¹ ₂ "			425'			265 sx	· "C"		
			†			3850'			750 sx. "C"			
			2 3/8"			3610'						
I. Well T	est Dat	l										
B Date New			ivery Date	³⁷ Test Da								
		2-5-		2-13-97	LE .		Test Length	" Tbg. Pre	Mure	_	. Pressure	
41 Choke S	1		Oil 4 Wa				" Gas	25# 4 AOI	AOF.		J! V	
Open		0		3			226	AUI	l		Method	
		s of the Oil Co	onservation Div	ision have been com the to the best of my	plied					Р		
owiedge and beli gnature:	ief.	.0		ac to the best of my	·			NSERVATIO				
Not S. Much						Approved by: ORIGINAL SIGNED BY JERRY SEXTON Title: MISTRICT LISTPENVISOR						
Scott S. Gruns						Title: \$157RTCT! SUPERVISOR						
k: Engineer						Accessed Day						
Phone: 505-393-5905						MAY 0 2 1997						

Printed Name

Phone: 505-393-5905

a If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Date

Title

New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK (HE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. port 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.
- Reason for filing code from the following table: NW New Well 3.

NW New Well
RC Recompletion
CH Change of Operator (Include the effective date.)
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.

- 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.
- The bottom hole location of this completion 11
- Lease code from the following table: 12.

Federal State

SP

Fee Jicarilla

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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.
- 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. completion
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- 20. 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.
- 21. Product code from the following table:

G Oil Gas

- 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
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore. 30.

- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and
- 34. Number of sacks of cement used per casing string

If 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.
- 36. MO/DA/YR that gas was first produced into a pipeline
- 37. MO/DA/YR that the following test was completed
- 38. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- 44. MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- 46. The method used to test the well: The method used to test the wen.
 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 date this report was signed, and the telephone number to call for questions about this report 47.
- 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 48.



