District [PO Box 1980, Hobbs, NM 8 District II NO Drawer DD, Artesia, N District III 1900 Rio Brazos Rd., Aztee, District IV	H \$8211-0719 NM \$7410	ć	DIL CONS	ERVA PO Bo	ral Resource TION x 2088	divisi		Suba		In: propri	Form C-104 February 10, 1994 structions on back ate District Office 5 Copies	
PO Box 2088, Samla Fe, Niv I. R	1 87504-2088 EQUEST	' FOR A	LLOWAE	BLE AI	ND AT	מטאנו	17 ልጥ	ION TO TR			ENDED REPORT	
		Operator 24	the and Address	• • • • • • • • • • • • • • • • • • • •		THOR			' OGRII			
AMERADA HESS	CORPOR	ATION							0495			
MONUMENT, NM	88265							$\Sigma > 1$	Reason for	_		
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30 - 025-06117		EUMON	T YATES 7			•				7648	Pool Code	
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000206 II. ¹⁰ Surface	Location	STATE	пОп	THE DECIMAL CONTRACT	40. CZ 9. JULI 24 HORMS	**************************************	and Division of Station of Station			2	THE STREET BOARD LINE OF STREET	
U or lot DO. Section	Township	Radge	Loi.ldn	Feet from	e the	North/So	uth Line	Feet from the	East/We	it line	County	
	205	37E		1980)	SOUT	H	990	EAS	т	Lea	
¹¹ Bottom	Hole Loc	Renge	Lot Idn								AND COMPANY OF THE OWNER OF THE OWNER OF	
			LOA 10g	Feet from	in the	North/So	eth line	e Fost from the East/West line		County		
	ug Method Co	de ¹⁴ Gas	Consection Dat	e "C	-129 Perm	it Number	1	C-129 Effective I)ste	" C·1	29 Expiration Date	
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III. Oil and Gas '	Statement of the second s	CIS Transporter	Nadre		^a PO	<u> </u>	11 0 10					
OGRID	مع البين الاليان (1965) (1965)	and Addres	**				ⁿ O/G	¹² POD ULSTR Location and Description			a.	
009171 400	4 GAS CO D4 PENBR	RPURATI 00K	. U N	0	028730)	G	G GPM GAS SALES METER LOCATED				
ODI	ESSA, TE	X AS 79	762					IN UNIT I, SEC. 16, T-20S, R-37E.				
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	angen an											
IV. Produced Wa	te r	1 - 10-10-10-10-1-1-1-1-1-1-1-1-1-1-1-1-										
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		AMOUNT INCOMENTS STRATES										
V. Well Completi ¹⁵ Spud Date	ion Data	1 m		and a second dependence of a second	ini talan ini ang kanala sa			* ***		a	and the second	
Hole Size		¹⁴ Ready De	ele Casing & Tubing	Size -	ⁿ TD		and the second secon	" PBID " Perforetion				
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						W (arshi)	-					
VI. Well Test Da			n an						· · · ·			
Date New Oil	[™] Gas Del	ivery Date	* Test	Date		" Test Long	;th	¹⁴ Tbg. Pressure ¹⁴ Cug		" Cag. Pressure		
" Choke Size	4 (-	4° W			a Cu	° Cas " AOF " 7		Test Method			
" I hereby certify that the rule with and that the information knowledge and belief.	a of the Oil Co given above is	concretion Di	ivision have been plete to the best o	complied f my		OII	. CON	' NSERVATI(DN DI	VISI	ON	
Signature:	Dau	l_{μ}			Approved							
Printed name: R.L. W	IHEELER,	JR.	979 - 1979 - 1988 - 1998 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -		Tile:	- ORIGI X		<u>imed by jers</u> C7 i Su pervi		<u>on</u>		
Title: ADMIN. SV		AND DESCRIPTION OF A DE	a tana daga kara tang kara tang baga kara tang baga sa		Approval	Dete:	JA	TI - 14				
Date: 1-19-95		Phone: (5	05) 393-2	2144				- 133		-		
" If this is a change of oper	stor fill in the	OGRID DUM	ther and mame o	l the previo	ous operati	0 F						
Previous Op	erator Signatu	ire	ngan canan ay sacara gang bara cana sa	ang sa	Printed	Name	******************	■	Title	iki ashingan	Dete	

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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 despened 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.
- 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 CG Change oil/condensate transporter CG Change 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
- 10. The surface location of this complation 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.
- 11. The bottom hole location of this completion
 - Lease code from the following table: F Federal
 - SPJNU

12.

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- Se from the followi Federal State Fee Jicarilla Nevajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: F Flowing P Pumping or other artificial lift 13.
- 14. 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
- 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 20.
- 2

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", "Jones CPD", etc.) 22.

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- The POD number of the storage from which water is moved from this property. If this is a new well or recomplation 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", "Jonas 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 II openhole
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and bottom
- 33. Number of sacks of coment 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 pipsline
- 36. MO/DA/YR that the following test was completed
- 37. Langth 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. Diamater 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

45.

- 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.

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