

District I
PO Box 1988, Hobbs, NM 88241-1988
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

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

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Burgundy Oil & Gas of New Mexico, Inc. 401 West Texas, Suite 1003 Midland, TX 79701		OGRID Number 003044
		Reason for Filing Code CH
API Number 30 - 0 25-06170	Pool Name Eunice Monument Grayburg San Andres	Pool Code 23000
Property Code 004802 15823	Property Name Eunice Monument Unit	Well Number 28

II. Surface Location

UL or lot no. M	Section 19	Township 20S	Range 37E	Lot Idn	Feet from the	North/South Line South	Feet from the	East/West Line West	County Lea
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Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
Lee Code S	Producing Method Code P	Gas Connection Date N/A	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
022628	Texas New Mexico Pipeline Co. P.O. Box 60028 San Angelo, TX 76906	1038410	0	I 24 20S 36E Central Battery
017666 9/7/91	GPM Gas Corporation 4044 Penbrook Odessa, TX 79762	1038430	G	I 24 20S 36E

IV. Produced Water

POD 1038450	POD ULSTR Location and Description I 24 20S 36E
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: Ben Taylor

Printed name: Ben Taylor

Title: Prod. Manager

Date: 10/10/94

Phone: 915/684-4033

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY

Title: GARY LINDK
FIELD REP. II

Approval Date: OCT 13 1994

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

Previous Operator Signature: Lori A. Hodge

Printed Name: Lori A. Hodge, Landman

Date: 09-30-94

Greenhill Petroleum Corporation (OGRID No. 009374), 11490 Westheimer, Suite 200,
Houston, TX 77077

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°.
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 filled for each pool in a multiple
operator's well, and if you do not have one it will
be assigned and filled in by the District office.

Reason for filling 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.
The API number of this well
The name of the pool for this completion
The pool code for this pool
The property code for this completion
The property name (well name) for this completion
The well number for this completion

The surface location of this completion. NOTE: If the
United States government survey designates a Lot Number
for the location use that number in the "UL or lot no." box.
Otherwise use the OCD unit letter.
The bottom hole location of this completion

Lease code from the following table:
F Federal
S State
P Private
J Judicial
N Navajo
U Ute Mountain Ute
I Other Indian Tribe

The producing method code from the following table:
P Pumping or other artificial lift
F Flowing
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
MO/DA/YR of the C-129 approval for this completion
MO/DA/YR of the expiration of C-129 approval for this
completion
The gas or oil transporter's OGRID number
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
office will assign a number and write it here.
Product code from the following table:
O Oil
G Gas

22.

The ULSR 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.")
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.
The ULSR 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.

MO/DA/YR drilling commenced
MO/DA/YR the completion was ready to produce
Total vertical depth of the well
Plugback vertical depth
Top and bottom perforation in the completion or casing
hole and TD if openhole
Inside diameter of the well bore
Outside diameter of the casing and tubing
Depth of casing and tubing. If a casing liner show top and
bottom.
Number of sacks of cement used per casing string
The following test data 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
MO/DA/YR that gas was first produced into a pipeline
MO/DA/YR that the following test was completed
Length in hours of the test
Flowing tubing pressure - oil wells
Shut-in tubing pressure - gas wells
Flowing casing pressure - oil wells
Shut-in casing pressure - gas wells
Diameter of the choke used in the test
Barrels of oil produced during the test
Barrels of water produced during the test
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
If other method please write it in.

46.

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 the 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.