

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 25-06176	Pool Name Eunice Monument Grayburg San Andres	Pool Code 23000
Property Code 004802 15823	Property Name Eunice Monument Unit	Well Number 13

II. Surface Location

UL or lot no. G	Section 19	Township 20S	Range 37E	Lot Ida	Feet from the 1980	North/South Line North	Feet from the 1980	East/West Line East	County Lea
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Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West Line	County
UL Code S	Producing Method Code INJ	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
	Injection Well			

IV. Produced Water

POD	POD ULSTR Location and Description
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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	Cog. 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: 915/684-4633

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY

Title: FIELD OFFICIAL

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

Lori A. Hodge, Landman

09-30-94

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

Date

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°.
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 filled for each pool in a multiple completion.
Improperly filled out or incomplete forms may be returned to operators unapproved.
Operator's name and address
1. Operator's OGRID number. 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
AO Change of Operator
CH Change of Operator
AO Add oil/condensate transporter
CO Change oil/condensate transporter
AO Add gas transporter
CO 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
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 United States government 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
12. Lease code from the following table:
F Federal
S State
P Foreign
J Jicarilla
N Navajo
U Ute Mountain Ute
I Other Indian Tribe
The producing method code from the following table:
F Flowing
P Pumping or other artificial lift
MO/DAYR that this completion was first connected to a gas transporter
14. MO/DAYR 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/DAYR of the C-129 approval for this completion
17. MO/DAYR 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 or recompletion and this POD has no number the district office will assign a number and write it here.
Product code from the following table:
O Oil
G Gas
22. T's 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 he 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.
24. 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.)
25. MO/DAYR drilling commenced
26. MO/DAYR this completion was ready to produce
27. Total vertical depth of the well
28. Plugback vertical depth
29. Top and bottom perforation in the completion or casing shoe and TD if 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 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.
34. MO/DAYR that new oil was first produced
35. MO/DAYR that gas was first produced into a pipeline
36. MO/DAYR that the following test was completed
37. Length in hours of the test
38. Flowing tubing pressure - oil wells
39. Shut-in tubing pressure - oil wells
40. Flowing casing pressure - oil wells
41. Shut-in casing pressure - gas wells
42. Diameter of the choke used in the test
43. Barrels of oil produced during the test
44. Barrels of water produced during the test
45. MCF of gas produced during the test
46. Gas well calculated absolute open flow in MCF/D
The method used to test the well:
F Flowing
S Swabbing
P Pumping
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 the 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