

District I
PO Box 1988, Hobbs, NM 88241-1988
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Bravo 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 25-06183	Pool Name Eunice Monument Grayburg San Andres	Pool Code 23000
Property Code 004802 15823	Property Name Eunice Monument Unit	Well Number 11

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
E	19	20S	37E		2310	North	330	West	Lea

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 Antonio, TX 76906	1038410	O	I 24 20S 36E Central Battery
017666-9171	GPM Gas Corporation 4044 Penbrook Odessa, TX 79762	1038430	G	I 24 20S 36E

IV. Produced Water

POD	POD ULSTR Location and Description
1038450	I 24 20S 36E

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 GARY WILKINS Title: FIELD PORTER Approval Date: OCT 13 1994	
If this is a change of operator fill in the OGRID number and name of the previous operator Lori A. Hodge, Landman Previous Operator Signature Greenhill Petroleum Corporation (OGRID No. 009374), 11490 Westheimer, Suite 200, Houston, TX 77077		09-30-94 Title 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°.
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 or incomplete forms may be returned to
operator's name and address

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.
Reason for filling code from the following table:

New Well
RC
CH
AO
CO
AG
RT

Request for test allowable (include volume
requested)
Change gas transporter
Add gas transporter
Change oil/condensate transporter
Add oil/condensate transporter
Change of Operator
Recompletion
New Well

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
S
P
J
N
U
I
F
Flowing
Pumping or other artificial lift

The producing method code from the following table:

I
U
N
J
F
Flowing
Pumping or other artificial lift

MO/DAY/R that this completion was first connected to a
gas transporter

The permit number from the District approved C-129 for
this completion

MO/DAY/R of the C-129 approval for this completion

MO/DAY/R 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 the 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
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 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.
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/DAY/R drilling commenced
26. MO/DAY/R 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
etch 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 is for an oil well it must be from a test
conducted only after the total volume of load oil is recovered.
34. MO/DAY/R that new oil was first produced
35. MO/DAY/R that gas was first produced into a pipeline
36. MO/DAY/R that the following test was completed
37. Length in hours of the test
38. Flowing tubing pressure - oil wells
39. Shut-in tubing pressure - gas 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:
- Flowing
Pumping
Swabbing
If other method please write it in.
47. 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
- 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