

District I
PO Box 1988, Hobbs, NM 88241-1988
District II
PO Drawer DD, Artesia, NM 88211-8719
District III
1006 Rio Branco Rd., Alamogordo, 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 007 01 1013
API Number 30 - 0 25-06195	Pool Name Eunice Monument Grayburg San Andres	Pool Code 23000
Property Code 004802 15823	Property Name Eunice Monument Unit	Well Number 15

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	20	20S	37E		1980	North	660	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 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

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: [Signature]

Title: FIELD MGR

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: [Signature]

Lori A. Hodge, Landman

09-30-94

Greenhill Petroleum Corporation (OGRID No. 009374) 11490 Westheimer Suite 200

Date

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED
"AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all oil volumes at 15.025 PSIA at 60°.

A request for allowable for a newly drilled or deepened well must be accompanied by a reevaluation 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 operator unapproved.

1. Operator's name and address

2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.

3. Reason for filling code from the following table:

RT Request (requested)
CG Change gas transporter
AG Add gas transporter
CO Change oil/condensate transporter
AO Add oil/condensate transporter
CH Change of Operator
RC Recompletion
NW New Well

4. The API number of the 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 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

12. Lease code from the following table:

F Federal
S State
J Lease
N Navajo
U Ute Mountain Ute
I Other Indian Tribe

13. The producing method code from the following table:

P Flowing
F Pumping or other artificial lift

14. MODA/YR that this completion was first connected to a gas transporter

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

16. MODA/YR of the C-129 approval for this completion

17. MODA/YR of the expiration of C-129 approval for this 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:

O Oil
G Gas

22. 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.)

23. The POD number of the storage from which water he moved from this property. If this is a new well or recompletion and the 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. MODA/YR drilling commenced

26. MODA/YR 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

34. MODA/YR that new oil was first produced

35. MODA/YR that gas was first produced into a pipeline

36. MODA/YR 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

47. The method used to test the well:

F Flowing
P Pumping
S Swabbing

48. If other method please write it in.

49. 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

50. The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to make this report, the date this report was signed by that person