Netricz I O B nz 1980, Hobbe, NM 82241-1980 Natrict II O Drawer DD, Artenia, NM 82211-67 Netrict III 900 Rio Branss Ed., Antec, NM 87410 Netrict IV O Baz 2088, Santa Fe, NM 87584-201 . REQUE	8 -	Earry, Mias DIL CON Santa	te of New Me SERVATION PO Box 2088 Fe, NM 8750 BLE AND AU	DIVISIC)N	Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office 5 Copies AMENDED REPORT ON TO TRANSPORT							
		ane and Addr				007673	' OGRID N						
P. O. Box 4358 Houston, TX 7721)	U			* Reason for Filing Code CO effective 5/1/98								
API Number			' Pool Nan	×			' Pool Code						
30 - 0 25-06808	Tubb	0il & (Gas (Gas)			86440							
004180		. II a sudd.	' Property N	Line			' Well Number						
I. ¹⁰ Surface Locatio		. Hardis	son -B-	<u> </u>				5					
Ul or tot no. Section Towashi		Lot.ida	Feet from the	North/South	h Line	Feet from the	East/West ti	ne County					
0 27 21S	37E		660	Sout	h	1980	East	Lea					
¹¹ Bottom Hole L	ocation			- *			1						
UL or tot no. Section Townsh	p Range	Lot ida	Fost from the	North/Sout	in line	Feet from the	East/West ii	Be County					
¹³ Lee Code ¹³ Producing Method P F		Connection D	Dale ¹⁴ C-129 Pers	nit Number	, ,	C-129 Effective Date "C-129 Expiration Da							
II. Oil and Gas Transp Transporter OGRID	" Transporter and Addr		²⁰ PC	DD '	^u O/G		" POD ULST						
	E&P Inc.		28050		-37E	<u> </u>							
	NM 8823	31			्. १. २ 	F. F. Hardison -B- T/B							
P. O. H		Company 211-0159	and the second second	610	0	P-27-21S-37E F. F. Hardison -B- T/B							

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2																				
× · ·																				

IV. Produced Water

0	9	4	9
0	,	-	,

949650 same as csg

 V. Well Completion Data

 "Speed Date
 "Ready Date
 "TD
 "FBTD
 "Perforations

 "Hole Size
 "Casing & Tubing Size
 "Depth Set
 "Sacks Consent

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²⁶ POD ULSTR Location and Description

VI. Well Test Data

¹⁴ Date New Oil	¹⁶ Gas Delivery Date:	²⁴ Test Date	" Test Length	* Tbg. Pressure	²⁰ Cag. Pressure					
" Choke Size	4 OS	4 Water	4 Gæ~	" AOF	" Test Method					
with and that the information knowledge and belief. Simamure:	utes of the Oil Conservation Divin a given above is true and comple	at to the best of my	OIL CONSERVATION DIVISION							
Printed name: Judy	La Bagwell			ELD REP. 1						
	. Staff Office A	sst.	Approval Date:	5 1998						
Des: 5-12-98		3-431-1020								
" If this is a change of ep	erator fill in the OGRID anaph	er and name of the provis	ne operator~							
Provious	Operator Signature	-	Printed Name	Title	Date					

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 ba e barrei

A request for ellowable 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 filed for each pool in a multiple completion.

Improperty 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. 2.
- Reason for filing code from the following table: NW New Well RC Recompletion CH Change of Operator AO Add oi/condensate transporter CO Change oil/condensate transporter AG Add gas transporter CG Change gas transporter RT Request for test allowable (Include volume requestad) 3.

 - 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
- The pool code for this pool 6.

4.

12.

- The property code for this completion 7
- The property name (well name) for this completion 8.
- The well number for this completion 9.
- 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. 10.
- The bottom hole location of this completion 11.
 - Lease code from the following table:
 - Feder State S P

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- Fee Jicarilla
- Navaio
- Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: 13. in a Pumping or other artificial lift Þ
- MO/DA/YR that this completion was first connected to a 14. das tra nspor
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17. complet
- The gas or oil transporter's OGRID number 18.
- 19. 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. 20.
- code from the following table: Oil --Gas: 21.

- 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.) 22.
- 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. 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", "Jones CPD Water 24. Tank",etc.)
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well 27.
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD If opennole 29.
- Inside diameter of the well bore 30.
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- Number of sacks of cement used per casing string 33.

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.

- MO/DA/YR that new oil was first produced 34.
- MO/DA/YR that gas was first produced into a pipeline 35.
- MO/DA/YR that the following test was completed 36.
- Length in hours of the test 37.
- Flowing tubing pressure oil wells Shut-in tubing pressure gas welle 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- Diameter of the choke used in the test 40.
- Barrels of oil produced during the test 41.
- Barrels of water produced during the test 42.
- MCF of gas produced during the test 43.
- Gas well calculated absolute open flow in MCF/D ΔΔ.
- 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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