District I 70 Box 1980, Hobbs, NM 88241-1980 District II				State of New Mexico Energy, Minerais & Natural Resources Department					Form C-104 Revised February 10, 1994 Instructions on back			
CO Drawer DD, Artesia, NM 82211-0719 District III 1000 Ris Brazes Rd., Aster, NM 87410			OI		PO Box 2	DN DIVISI 088 7504-2088	ON	Submit to Appropriate District Office 5 Copies				
)istrict IV 10 Bax 2088, S [_	anta Fe, N	M 87504-2088	TEOD AT	TÓWAT		AITHOR	17471	on to tr		IENDED REPORT		
<u> </u>			Operator and			AUTION			<sup>2</sup> OGRID Num			
	on Cor	-	Attn:	Attn: Permitting					007673			
P. O. Box 4358 Houston, TX 77210			n						'Remon for Filing Code CO effective 5/1/98			
				· Pool Name						* Pool Code		
* API Number 30 - 0 25-07010 * Property Code		Blin	Blinebry Oil & Gas					06660 ' Well Number				
004180		F. F	F. F. Hardison -B-					3				
II. <sup>10</sup>	Surfac	e Location							<b>T</b> =			
<b>Ul or iot no.</b> G	Section 34	Township 21S	Range 37E	Lot.ida	Feet from th 20/- -2012	5	uth Line	Feet from the	East/West in			
		n Hole Lo			-2012	Nort		<del>-1978</del>	East	Lea		
UL or iot no	-	Township		Lot Ida	Feet from ti	he North/S	outh line	Feet from the	East/West in	e Couaty		
G	34	21S	37E		2012	Nort	:h	1978	East	Lea		
12 Las Code		ucing Method (	Code 4 Gas (	Connection D	ate <sup>14</sup> C-12	9 Permit Number	•	* C-129 Effective	Date 17	C-129 Expiration Date		
P		F										
III. Oil a		s Transpo	TTensporter N	fame		<sup>24</sup> POD	<sup>21</sup> O/G		" POD ULSTR	Location		
OGRI			and Addres						and Descri	ption		
0223		Texaco H P. O. Bo			094	49630	G	P-27-21S	-37E Irdison B	m / n		
and the second second		Eunice,	NM 8823		Sector and a sector of the sec			г. г. па		I/В		
0156	94	Navajo H P. O. Bo		fining Company 094			9610 0 P-27-21					
n an			, NM 882	11-0159		F. F.			Hardison -B- T/B			
S Crack Manual William works												
2 - March Carlos Carlos			in second			and a subject of the second						
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ter and the second second	u ser et al				a sector	ada sa bada da wa da	Stansalia	9				
IV. Pro	duced.	Water			÷							
	<sup>B</sup> POD	TV alle			4	POD ULSTR Los	ation and	Description		·		
0949	650		same as	oil								
		letion Dat										
14	<sup>11</sup> Spudi Date		<sup>14</sup> Ready E		iale 37		מד			<sup>27</sup> Perforations		
	" Hole	Sim		Casing & Tul	hine Size		<sup>22</sup> Depth S			Sacks Coment		
					<u> </u>							
<b> </b>				****	·							
VI. We	ll Test	Data	<u> </u>									
Date	e New Oil	* Ga	Delivery Date	*	Test Date	" Test	Length	* Tbg.	Pressure	<sup>30</sup> Cag. Pressure		
					4 Water					" Test Method		
" Choke Size		4 01	4 OB 6			<b>46</b> .~		<b>NOF</b>	THE MICHAE			
with and the	t the inform		Dil Conservation . we is true and con			(	DIL CO	ONSERVA'		/ISION		
knowledge and belief. Signature:						Approved by: ORIGINAL SIGNED BY						
Pristod same: Jurdy Bagwell												
Tile: Supt. Staff Office Asst.						Approval Date: MAY 1 9 1998						
Dete: 6-				Phone: 713-431-1020			1141	1 0 1550				
-			a the OGRID a			iono operator»						
	_											
	Prev	ious Operator S	igneture			Printed Name			Title-	. Dete -		

## New Merica Oil Conservation Division

		C-104 In	tructions		
		MENDED REPORT CHECK THE BOX LABLED RT AT THE TOP OF THIS DOCUMENT	22.	The ULSTR location of this POD if it is different well completion location and a short description o (Example: "Battery A", "Jones CPD",etc.)	
A reque	ni õii volur st for allov	imes at 15.025 PSIA at 60°. Nes to the nearest whole barrel. Vable for a newly drilled or deepened well must be a tabulation of the deviation tests conducted in	23.	The POD number of the storage from which water from this property. If this is a new well or recomp this POD has no number the district office will number and write it here.	
Ali secti	nce with I ions of this		24.	The ULSTR location of this POD if it is different well completion location and a short description of (Example: "Battery A Water Tank", "Jones C	
		ons I, II, III, IV, and the operator certifications for	25.	Tank".etc.)	
	ich change	tor, property name, well number, transporter, or 15.	25. 26.	MO/DA/YR drilling commenced MO/DA/YR this completion was ready to produc	
A sepa complet		4 must be filed for each pool in a multiple	20.	Total vertical depth of the well	
		out or incomplete forms may be returned to	28.	Plugback vertical depth	
	rs unappro		29.	Top and bottom perforation in this completion shoe and TD if openhole	
2.		r's OGRID number. If you do not have one it will	30.	Inside diameter of the well bore	
•		ned and filled in by the District office.	31.	Outside diameter of the casing and tubing	
3.	NW RC	for filing code from the following table: New Well Recompletion	32.	Depth of casing and tubing. If a casing liner sho bottom.	
	CH AO CO	Change of Operator Add oil/condensate transporter	33.	Number of sacks of coment used per casing str	
	ÂG CG	Change oil/condensate transporter Add gas transporter Change gas transporter		illowing test data is for an oil well it must be fi sted only after the total volume of load oil is recov	
	RT	Request for test allowable (include volume requested)	34.	MO/DA/YR that new oil was first produced	
		ly other reason write that reason in this box.	35.	MO/DA/YR that gas was first produced into a p	
4. E		i number of this well	36.	MO/DA/YR that the following test was complet	
5. 6.		ne of the pool for this completion	37.	Length in hours of the test	
о. 7.		ol code for this pool perty code for this completion	38.	Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells	
8.	The pro	perty name (well name) for this completion	39.	Flowing casing pressure - oil wells Shut-in casing pressure - gas wells	
9.		ll number for this completion	40.	Diameter of the choke used in the test	
10.	United	rface location of this completion NOTE: If the States government survey designates a Lot Number	41.	Barrels of oil produced during the test	
		location use that number in the 'UL or lot no.' box. ise use the OCD unit letter.	42.	Barrels of water produced during the test	
11.	The bo	ttom hole location of this completion	43.	MCF of gas produced during the test	
12.		code from the following table:	44.	Gas well calculated absolute open flow in MCF	
	F S P J	Federai State Fee Jicarille	45.	The method used to test the well: F Flowing P Pumping	
	N U I	Navajo Ute Mountain Ute Other Indian Tribe		S Swabbing If other method please write it in.	
13.	The pro F P	oducing method code from the following table: Flowing Pumping or other artificial lift	46.	The signature, printed name, and title-of authorized to make this report, the date this signed, and the telephone number to call fo about this report	
14.		VYR that this completion was first connected to a neporter	47.	The previous operator's name, the signature, pr and title of the previous operator's rep authorized to verify that the previous operato	
15.		rmit number from the District approved C-129 for mpletion		operates this completion, and the date this eigned by that person	

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

MO/DA/YR of the expiration of C-129 approval for this completion 17.

18. The gas or oil transporter's OGRID number

Name and address of the transporter of the product 19.

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.

Product code from the following table: O Oil --G Gas -21.

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- ter is moved npletion and vill assign a
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- printed name, epresentative tor no longer a report was

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