District I

PO Box 1980, Hobbs, NM 88241-1980

District II

811 South First, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV 2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico Ruergy, Minerals & Natural Resources Department

Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office 5 Conies

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

		Copius
AMENDED	RI	EPORT

<u>I</u> .	R	EQUES	T FOR A	LLOWAB	LE A	ND AU	THOR	(ZAT)	ON TO TR	ANSI	PORT			
Operator name and Address ELLIOTT OIL COMPANY									OOT 173					
P. O. BOX 1355 ROSWELL, NM 88202								Reason for Filing Code						
• ,	NOSWEL API Number	L, NFI	00202			¹ Pool Nan	ne	·····				Pool Code		
30-0 25-07894 Wantz Abo									6	62700				
'Property Code 4003 Parcell Federal							Property Name 'Well Number 4.1							
П. 10 3	Surface	Location								·	×			
Ul or lot no.	Section	Township	Runge	Lot.ldn	Feet Iro		North/So	uth Line	Feet from the	East/W	est line	County		
J	8	21S	38E	<u> </u>	2310)'	S		2310'	E		LEA		
UL or lot no.	Section	Hole Loc	Range	Lot Idn	Fast for	from the North/South line			Feet from the	he East/West line Count				
J	8	218	38E	1200 100	2310			2310'	E	est mas	County LEA			
¹¹ Lee Code F	¹³ Product P	ng Method C	ode H Gau	Connection Date	15 (C-129 Permit Number		,	C-129 Effective I	e Date 11 C-129 Ex		129 Expiration Date		
III. Oil ar		Cranspor	 ters								<u> </u>			
18 Transpor			Transporter			» PC	OD O	³¹ O/G	,		LSTR Lo			
024650	D'	YNEGY M	and Addre	SERVICES HIP		00010					Descriptio	on		
024030	10	000 LOU	ISIANA S	HIP UITE 5800		930130	J	G 	Sec. 8-23 Lea Count					
Participation of the second	H	OUSTON,	TX 770	02		y 141 M N								
\$2010) N#66013W	3.5355													
			· · · · · · · · · · · · · · · · · · ·		Jaking	- 11. V		14.75,						
	41204 i 1118 i					1 1 1		The sa						
IV. Produ	ced Wa	ter	· · · · · · · · · · · · · · · · · · ·											
1 a	OD					™ POD UI	SIR Locati	on and D	escription			· · · · · · · · · · · · · · · · · · ·		
0930150			8-21S	-38E Lea	Coun	ty, NN	1							
V. Well C		T				· · · · · · · · · · · · · · · · · · ·			·					
- Spua	²⁴ Spud Date		" TD	a brid		* Perforations		™ DHC, DC,MC						
31 Hole Size			33 Casing & Tubing Size			33 Depth Set			M Sacks Cement					
		· · · · · · · · · · · · · · · · · · ·	ļ											
VI. Well 7	Fact Dat		<u></u>	· · · · · · · · · · · · · · · · · · ·										
7I. Well Test Data " Date New Oil			Data	" Test Length " Tbg.		T	Presente 4 C. P.							
							" Test Desi	kru	" Tbg. Pre	ssure		4 Csg. Pressure		
41 Choke	Size	41	Oil	∜ Wa	iter		44 Gas		46 VOI			"Test Method		
" I hereby certify	that the rule	s of the Oil C	Conservation Di	vision have been o	complied				<u> </u>	-	<u> </u>			
with and that the knowledge and b	information	given above is	true and comp	lete to the best of	my		OH	L CO	NSERVATI	ON D)IVISI	ION		
Signature:						Approved by:								
Printed name: Stephen L. Elliott						Title: 24.5 3								
Title: Managing Agent						Approval Date:								
Date: August 7, 1998 Phone: (505)622-5840														
				per and name of		ous operate	or							
	·	····			· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·							
	revious Ob	erator Signe	int.			Printe	d Name			Tit	le	Date		
New Mexico Oil Conservation Division C-104 Instructions														

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 barrel.

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

A request for allowable for a newly drilled or deepened well must be

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changes of operator, property name, well ι . Der, transporter, or other such changes.

A separate C-104 must be filed 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. 2.
- Reason for filing code from the following table:

 NW New Well

 RC Recompletion

 CH Change of Operator (Include the effective date.)

 AO Add oil/condensate transporter

 CO Change oil/condensate transporter

 Add as transporter 3.

Add gas transporter
CG 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 4.
- 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
- 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. if the 10.
- 11. The bottom hole location of this completion

Lease code from the following table: Federal 12

Federal State Fee Jicarilla

JNU

Navajo Ute Mountain Ute Other Indian Tribe

13. The producing method code from the following table:

gas transporter

- Flowing Pumping or other artificial lift MO/DA/YR that this completion was first connected to a
- 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.
- 17. MO/DA/YR of the expiration of C-129 approval for this
- 18. The gas or oil transporter's OGRID number
- 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.
- Product code from the following table: 21.

Oil Gas G

- 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 Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhale 29.
- Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore. 30.
- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- Number of sacks of cement used per casing string

If 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.

- 35. MO/DA/YR that new oil was first produced
- 36 MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed 37.

- 38. Length in rs of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- Barrels of water produced during the test 43.
- MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D 45.
- The method used to test the well:
 F Flowing
 P Pumping
 S Swabbing 46.

 - 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 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 48.



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