

District I
PO Box 1990, Hobbs, NM 88241-1990
District II
PO Drawer DD, Artesia, NM 88211-9719
District III
1000 Rio Brazos 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 OCT 01 1994
API Number 30 - 025-21715	Pool Name Eunice Monument Grayburg San Andres	Pool Code 23000
Property Code 004802 15823	Property Name Eunice Monument Unit	Well Number 33

II. Surface Location

UL or lot no. N	Section 20	Township 20S	Range 37E	Lot Idn	Feet from the 660	North/South Line South	Feet from the 1980	East/West line West	County Lea
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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 Angelo, TX 76906	1038410	0	I 24 20S 36E Central Battery
017666	GPM Gas Corporation 4044 Penbrook Odessa, TX 79762	1038430	G	I 24 20S 36E

IV. Produced Water

POD 1038450	POD ULSTR Location and Description I 24 20S 36E
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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: 915/684-4033		OIL CONSERVATION DIVISION Approved by: [Signature] Title: [Title] Approval Date: OCT 10 1994	
If this is a change of operator fill in the OGRID number and name of the previous operator Lori A. Hodge Previous Operator Signature Greenhill Petroleum Corporation (OGRID No. 009374), 11490 Westheimer, Suite 200,		Lori A. Hodge, Landman Printed Name 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 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.

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
Recompletion
CH
Change of Operator
CO
Add oil/condensate transporter
CO
Change gas transporter
AG
Add 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

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 this 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:

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

The producing method code from the following table:

Flowing
Pumping or other artificial lift
P

MO/DAY/R that the 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 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.

Product code from the following table:

Oil
Gas

G

O

Product code from the following table:

Oil
Gas

G

22.

23.

24.

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47.

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 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
- 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:
- F Flowing
S Swabbing
P Pumping
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