

District I
PO Box 1988, Hobbs, NM 88241-1988
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1006 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
API Number 30 - 025-23517	Pool Name Eunice Monument Grayburg San Andres	Pool Code 23000
Property Code 004802/5823	Property Name Eunice Monument Unit	Well Number 24

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
I	19	20S	37E		660	East	1980	South	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: 915/684-4033

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY

Title: FIELD MANAGER

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: Lori A. Hodge, Landman

09-30-94

Greenhill Petroleum Corporation (OGRID No. 009374), 11490 Westheimer, Suite 200, Houston, TX 77077

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

Report all oil volumes to the nearest whole barrel.
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'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:

RT
CO
AG
CO
AO
CH
RC
NW
New Well
Raccomplishment
Change of Operator
Add oil/condensate transporter
Change oil/condensate transporter
Add gas transporter
Change gas transporter
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 the 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:

F
S
J
U
I
Federal
State
Fae
Jicarilla
Navajo
Ute Mountain Ute
Other Indian Tribe
Flowing
Pumping or other artificial lift

MO/DAYR that this completion was first connected to a
gas transporter

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

MO/DAYR of the C-129 approval for this completion

MO/DAYR 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
office will assign a number and write it here.

Product code from the following table:

O
Oil
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 Water Tank", "Jones CPD Water
Tank", etc.]
MO/DAYR drilling commenced

23.

The POD number of the storage from which water is moved
from this property. If this is a new well or recompletion and
number and write it here.
MO/DAYR this completion was ready to produce

24.

Total vertical depth of the well
Plugback vertical depth
Top and bottom perforation in the completion or casing
shoe and TD if openhole

25.

Inside diameter of the well bore
Outside diameter of the casing and tubing
Depth of casing and tubing. If a casing knee show top and
bottom.

26.

Number of sacks of cement used per casing string
The following test data is for an oil well it must be recovered.
MO/DAYR that new oil was first produced

27.

MO/DAYR that gas was first produced into a pipeline
MO/DAYR that the following test was completed
Length in hours of the test

28.

Flowing tubing pressure - oil wells
Shut-in tubing pressure - gas wells
Flowing casing pressure - oil wells
Shut-in casing pressure - gas wells

29.

Diameter of the choke used in the test
Barrels of oil produced during the test
Barrels of water produced during the test
MCF of gas produced during the test

30.

The method used to test the well:
Flowing
Pumping
Swabbing
If other method please write it in.

31.

The signature, printed name, and title of the person
authorized to make this report, the date this report was
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

32.

MO/DAYR of the C-129 approval for this completion

33.

MO/DAYR of the expiration of C-129 approval for this
completion