District I PO Box 1980, Hobbs, NM 88241-1980

State Of New Mexico Energy, Minerals and Natural Resources Department

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

District II 811 South 1st, Artesia NM 88210

1000 Rio Bravos Rd. Azlec, NM 87401

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505 AMENDED REPORT

2040 South Pacheco,			,		· · · · · · · ·							ILI OH
<u> </u>			1. Operator na	name and A	VABLE Address	AND	AUTH	<u>IORIZ</u>	ATION	TO TRAN	VSPO/	RT
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c/o Oil R P. O. Bo		& Gas	, Service	as, Inc	₿.			į		166		
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7. Propert	rty Code				8. Property No	Name	((UL	371		9. W	23000 Well Number	
<u> </u>	3 Surface I	l ocati	ion		Reeve	<u>es</u>					#1	
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Ut or lot no. Section	n Township	Pange	Lot. Idn.	Feet from		-	r/South Line	Feet from	- 1	East/West Line		County
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25423							S-37E					
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VI. Well Tes	et Data		<u> </u>]					 -	
35 Date Ne	bw Oil	3	36 Gas Delivery	y Date		7 Test Date	,	38 Test Le		39 Tbg. Pressure		40 Csg. Pressure
41 Choke			42 Oil			43 Water		44 Gas		45 AOF		46 Test Method
I hereby certify the with and that the info knowledge and belief	ormation given a	Jii Conserva above is tru	ation Division of a second complete.	ave been of te to the be	complied ast my				OIL CONE	SERVATION DIVISK	ON	
Signature:	Dayes	Hea	ard				Approved b	э у :			(# =1 hy 계	d <u>5</u>
Printed Name:	Gaye F	Heard			_		Trite:				· · · · · ·	
Trile:	Manag	·					Approval Da	ite:				
Date:	10/20/9	97	(5	hone: 505) 3	393-2	727						
47 if this is a change of	of operator fill in the second of operator fill in the second of the sec	<u>* 1</u>	RID number and TRIO 01		MPAN	IY (Gaye H	leard			1	0/20/97
	D#02		2		Prin	rinted Name	а		Title	9	Da	

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.

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 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.

Improperly filled out or incomplete forms may be returned to operators 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. 2.
- 3.

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

AG 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.

- 4. The API number of this well
- 5. The name of the pool for this completion
- The pool code for this pool 6.
- The property code for this completion 7.
- R 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. 10.
- 11. The bottom hole location of this completion
- Lease code from the following table: 12.

de mom the tollowi Federal State Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table: F Howing Pumping or other artificial lift 13.

- MO/DA/YR that this completion was first connected to a 14.
- The permit number from the District approved C-129 for this completion 15.
- 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
 - 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:
 O Oil
 G 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",stc.) 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 an number she district office will make in 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.
- Total vertical depth of the well 27.
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 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.
- 34. 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

- MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline 36.
- MO/DA/YR that the following test was completed **3**7.
- 38 Length in hours 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
- 43. Barrels of water produced during the test
- 44. MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/()
- The method used to test the well:

 F Flowing
 P Pumping
 S Swabbing
 If other method please write it in. 46.

- 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 quistions 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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