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

State of New Mexico
Energy, Minerais & Natural Resources Department

Form C-104 Revised February 10, 1994

Instructions on back

NO Drawer DD, Artenia, NM 88211-0719 District III

PO Drawer DD, Artenia, NM 83211-0719 District III 1000 Rie Brame Rd., Antec, NM 87410			0		TION DIVISION 2088 87504-2088			Instructions on back Submit to Appropriate District Office 5 Copies				
District IV PO Box 2008, Se r	anta Fe, Nh	Æ 87504-2088									ENDED REPORT	
	K	EQUEST	FOR A	LLOWA	BLE AN	ID AU	JTHOR	UZAT	ION TO TR			
		s Operat	pany	pany				¹ OGRID Number 005380				
		arfield as 7970!	, Suite : 5	175				•	* Reason for Filing Code RC			
	PI Number			' Pool Na								
30 - 025 - 28036			Monu	Monument Tubb						•	Pool Code 47090	
Property Code 18318			Moby		roperty Na	Ame			 ',	' Well Number		
II. 10 S		Location	1								1	
Ul or lot no.	Section 7	Township 20S	Range 38E	Lot.ida	Feet from 810		North/South Li		Feet from the	East/West line		
				1 () 81		<u> </u>	North		330	West	West Lea	
UL or lot no.		Hole Loc				n the	he North/South line		Feet from the			
	i						Note Joseph Inc		Lear Liber (FG	East/West line	County	
12 Lae Code	¹³ Produci	ing Method C	ode Gas Connection Date 5/02/97		ate "C	-129 Peru	129 Permit Number		C-129 Effective I	C-129 Effective Date "C-129 Expiration Date		
III. Oil ar	nd Gas	Transpor	<u>L</u>	,								
	11 Transporter		17 Transporter Name and Address			¹⁰ POD ¹¹ O		11 O/G	" POD ULSTR Location			
017407	Pε	etro Source Partnership,			, ,	0628410		0	A-12-20S-37E		ios	
		id.				\$ 25 Comment of the State of th			Lea County, NM			
024650	Wa	rren Petroleum Company				Address Annual Control			Shamu Battery A-12-20S-37E			
Р.		. O. Box 1589				0628430 G			Lea County, NM			
Est some 1		ulsa, OK 74102							Shamu Battery			
enter Kalender i de la contraction Section de la contraction del contraction de la c					Han.	m my c						
			- Herson	***************************************								
in the second	A A				(4.84m) (200m)	Charles Court		Paradad di Emilyana	,			
	iced Wa	ater										
	POD ULSTR Location and Description 0628450 A-12-20S-37E, Lea County, NM Shamu Battery											
V. Well (Complet	tion Data	1	711, 1104	Country	, INFI	Snamu	. ватте	ery			
11 Spud Date			¹⁴ Ready Da	¹⁶ Ready Date					" PBTD		1º Perforations	
M Hole Size			5/02/97	L	7,063			6,775'		6,502'-6,596'		
12-1/4"				31 Casing & Tubing Size				Depth Se	*		eks Cement	
7-7/8"			5-1/	£ .5# & 17	1,500 ¹ 17# 7,063 ¹				800 600			
			2-3/		6,2		,288'					
VI. Well	Tast D	- 4 -		· 								
Date N	cw Oil	[™] Gas D	Delivery Date		Test Date		" Test Le	-neth	1 H The B			
5/02/97		5/02/97		5/1/	5/14/97		24		M Tbg. Pressure		" Cag. Pressure	
" Choke Size		4 Oil		Water 12			4 Gas 30				" Tost Method	
44 I hereby certif	fy that the n	utes of the Oil	Conservation D	nacryation Division have been complied rue and complete to the best of my						P		
knowledge and i	piete to the oca	at of my		OIL CONSERVATION DIVISION								
Printed name:				Approved by: ORIGINAL SIGNED BY CHELD WILLIAMS DISTRICT I SUPERVISOR								
Ray F. Martin Tide: Operations Engineer Due: 6/03/97						Title:	Title: Approval Date:					
Operatio	5-682-88	873	JUN 0 9 1997									
" If this is a ci	reads of sb	erator (ill in t	the OGRID mus		1	rious oper	1016					
	Previous (Operator Sign	sature			Print	ted Name					
a)							AND INCHES			Title	Date	

IF THIS IS AN AMENDED REPORT, CHECK THE BOX ABLED "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.

- 1. Operator's name and address
- 2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
- 3.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add ges 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
- 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. 10.
- 11. The bottom hole location of this completion
- Lease code from the following table: 12.

S

Federal State Fee Jicarilla

Navajo Ute Mountain Ute Other Indian Tribe

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

- MO/DA/YR that this completion was first connected to a gas transporter 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 17
- 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.
- 21. Product code from the following table:
 O Oil
 G Gas

- 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.
- MO/DA/YR drilling commenced 25.
- 26. MO/DA/YR 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 bere
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and
- 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.

- MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- 38 MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- Barrels of oil produced during the test 41
- 42 Barrels of water produced during the test
- 43. MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D 44.
- 45. The method used to test the well: F Flowing
 P Pumping
 S Swabbing
 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 were signed, and the telephone number to call for questions about this report. 46.
- 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 47