District I PO Box 1900, Hebbs, NM \$2241-1900 District II

State of New Mexico
Energy, Minerals & Natural Resources Dept

Form C-104 Revised February 10, 1994 Instructions on best

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THE PERSON NO. 1	stoc, NM 8741	7719 10		FU BOX	TION DIV 2088		Su		ed February 10 Instructions of optimized District
District [V PO Box 2008, Santa Fe,			Santa	Fe, NM	87504-208	88			5 (
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			name and Addr	OR VIA	D VOIH	JKIZA	TION TO	TRANSPO	RT
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MIDLAND,		79710-1	810 THIS W	VELL HAS BI	EN PLACED	IN THE	8001	Resson for FE	lag Code
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<b>30 - 0</b> 25 <b>-</b> 32396		RED	TANK BONE	SPRING	R-1019	1 ~1	alitan	E1	* Pool Code .683
7 Property Co. 006907	de		KERBOARD			/	9/1/94		
. <sup>10</sup> Surface	Location		REROUAND	Z3 FEDER	AL			#	Well Number 4
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Il Bottom				<u> </u>			1300	Mesc	Lea
1	Township	Range	Lot Ida	Feet from th	· North/S	louth Lac	Fost from the	East/West Lac	
SAME AS SI	URFACE	ortal "Con	Connection Date					E-SEC WORLD	County
F F			/13/94	" C-129 N/A	Permit Number	1	C-129 Effective I	Pate II C.	-129 Expiration Date
. Oil and Gas	Тгапѕрог		·						,
Transporter OGRID		Transporter	Name		* POD	11 O/G			
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Property #	Gilmo	re SWD	in Util I	Sec POD	ULSTR Location	and Dec	edeste -		
Property # 10729	Gilmo 21, T	re SWD 22S, R3	in Ut. I, 2E, trans	Sec. Pop	<b>ULSTR Location</b> y X L Tr	and Dec	riptice Ctation		
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## 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.

- 1. 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.
- 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 gas transporter

  CG Change gas transporter

  RT Request for test allowable (Include volume requested) 3.

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
- The property code for this completion
- The property name (well name) for this completion 8.
- 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
- 11. The bottom hole location of this completion
- Lease code from the following table:
  Frederal
  State
  Pree
  Jacarilla
  N Navajo
  U Ute Mountain Ute
  I Other Indian Tribe
- 13. The producing method code from the following table: Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14. gas transporter
- 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:
  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",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
- 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 bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- Number of sacks of cement used per casing string

The following teet 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/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- 37 Length in hours of the test
- 38. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- MCF of gas produced during the test 43.
- 44. Gas well calculated absolute open flow in MCF/D
- The method used to test the well:

  F Flowing
  P Pumping
  S Swabbing
  If other method please write it in. 45.

. . . . .

- 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 47.

RECEIVED

MR 20 1941

OCD HOBBS FICE