District I PO Box 1980, Hobbs, NM 88241-1980 District II PO Drawer DD, Artania, NM 88211-8719 District III 1000 Rio Brazos Rd., Aztee, NM 87418

District IV PO Box 2003, Santa Fe, NM \$7584-2088

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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 21, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

AMENDED	REPORT
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					1000 11		01101	UZAI	ION TO TI	RANSPOR	т	
			Operator a	ame and Addr	100					'OGRID Nut		
CONOCO INC.							005073					
10 Desta Drive Ste 100W MIDLAND, TEXAS 79705									Reason for Filing Code			
	API Number								TO CO	RRECT POD	NUMBERS	
10 0				The CARLES THE		* Pool Nam	ж				· Puul Code	
30-0 25-324902 WARREN DRINEARD						Property Name				63080		
	00312:		WAT TO PEL	1167170	1	rroperty N	A Mbc			•	Well Number	
. ¹⁰ Surface Location											115	
l or lot no.	Section	Tewaship	Range	Lot.Ida	Feet from	a the	North/Se	uth Line	Feet from the	E.M.	· · · · · · · · · · · · · · · · · · ·	
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11	Bottom	Hole Lo	cation		<u>د شل_</u>	100	NOR.		000	WEST	LEA	
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	and Gas	<u> </u>		-17-94	<u> </u>							
Тгазорі		Transpor	Transporter	Name	·				······			
OCKIL			and Addre			* P O	ט	ⁿ O/G	²² POD ULSTR Location and Description			
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	HC HC	.O. BOX)BBS, NM	2587					-				
00405				0000		<i>(</i>)						
02465	Ρ.	O. BOX	TROLEUM 67		2	8/39	02	·G	E 27 20S			
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	uced Wa	ater			_							
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New Mexico Oil Conservation Division

	C-104 In	tructions
IF THE	S IS AN AMENDED REPORT, CHECK THE BOX LABLED IDED REPORT" AT THE TOP OF THIS DOCUMENT	22 .
	all gas volumes at 15.025 PSIA at 60°. all oil volumes to the nearest whole barrel.	23.
A requi	est for ellowable for a newly drilled or despened well must be penied by a tabulation of the deviation tests conducted in ance with Rule 111.	
	tions of this form must be filled out for allowable requests on Ind recompleted wells.	24.
change	only sections I, II, III, IV, and the sperater certifications for se of operator, property name, well number, transporter, or uch changes.	25.
A	arate C-104 must be filed for each pool in a multiple	26.
comple	stion.	27.
	erly filled out or incomplete forms may be returned to or unapproved.	28.
1.	Operator's name and address	29.
2.	Operator's OGRID number. If you do not have one it will be	30.
	assigned and filled in by the District office.	31.
3.	Reason for filing code from the following table: NW New Well RC Recompletion	32.
	CH Change of Operator AO Add oli/condensate transporter CO Change oli/condensate transporter	33.
	AG Add gas transporter CG Change gas transporter RT Request for test allowable (include volume	The
	requested) If for any other reason write that reason in this box.	34.
4.	The API number of this well	36.
5.	The name of the pool for this completion	36.
6.	The pool code for this pool	37.
7.	The property code for this completion	38.
8.	_	
а. 9.	The property name (well name) for this completion	39.
	The well number for this completion	40.
10.	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,	41.
	Otherwise use the OCD unit letter.	42.
11.	The bottom hole location of this completion	43.
12.	Lasse code from the following table: F Federal	44.
	S State P Fee	45.
	J Jicarilla	
	N Navajo U Ute Mountain Ute	

- 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 14. gas transporter
- 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. completion
- 18 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 seeign 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: "Bettery A", "Jones CPD",etc.] 2.
- 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. 3.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Exemple: "Battery A Water Tank", "Jonas CPD Water Tank", etc.) 4.
- 5. MO/DA/YR drilling commenced
- 6. MO/DA/VR this completion was ready to produce
- 7. Total vertical depth of the well
- 8. Plugback vertical depth
- Top and bettom perforation in this completion or casing shoe and TD if openhole 9.
- Ю. inside diameter of the well born
- 1. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 12.
- 13. 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.

- 4. MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline 6.
- 6. MO/DA/YR that the following test was completed
- 17. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 8.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 19.
- Diameter of the choke used in the test 0.
- Barrels of oil produced during the test 1.
- Barrele of water produced during the test 2.
- 3. MCF of gas produced during the test
- 4. Gas well calculated absolute open flow in MCF/D
 - The method used to test the well:

P		Pumpi	ing			
5	other	Swabl		write	h	in.
			-			

- The eignature, 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 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.

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Navajo Ute Mountain Ute Other Indian Tribe