

District I
PO Box 1988, Babbie, NM 88241-1988
District II
PO Drawer DD, Artesia, NM 88211-4719
District III
1000 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

Form C-04
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

☐ AMENDED REPORT

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator Name and Address Stevens & Tull, Inc. P.O. Box 11005 Midland, TX 79702		OGRID Number 021602
		Reason for Filing Code NW
API Number 30-025-34199	Pool Name DK Abo	Pool Code 15200
Property Code 17928	Property Name Federal 24	Well Number 5

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West Line	County
J	24	20S	38E		1980	South	1980	East	Lea

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West Line	County
J	24	20S	38E		1980	South	1980	East	Lea

Lee Code	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date
F	P	2/27/98			

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
138648	Amoco ICT 502 N. West Ave Levelland, TX 79336-3914	2819033	0	N-24-20S-38E Federal 24 - 2 Tank Battery
020809	Sid Richardson Carbon Gas 1st City Bank Tower Bldg. Ft. Worth, TX 76102	2819034	G	M-24-20S-38E Federal 24 - 1 Tank Battery

IV. Produced Water

POD	POD ULSTR Location and Description
2819035	Unit N - Sec. 24, T20S, R38E - Tank Battery

V. Well Completion Data

" Spud Date	" Ready Date	" TD	" PBTD	" Perforations
1/14/98	2/13/98	7950'	7925'	7394' - 7552'
" Hole Size	" Casing & Tubing Size	" Depth Set	" Seals Cement	
12 1/4"	9 5/8" 36#	1550'	635 sx	
8 3/4"	7" 23#-26#	7948'	1975 sx	
5 1/2"	2 7/8"	7560'		

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Top Pressure	Gas Pressure
2/27/98	2/27/98	2/28/98	24	N/A	30
Choke Size	Oil	Water	Gas	AOFP	Pressure
N/A	65	4	100	N/A	P

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: *Jack Barton*

Printed Name: Jack Barton

Regulatory Consultant

Phone: 3-25-98

Phone: 915 699-1410

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

Approval Date: MAY 08 1998

If this is a change of operator fill in the OGRID number and name of the previous operator.

Previous Operator Signature

Printed Name

Title

Date

22	The ULSTR location of the POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPO", etc.)	23	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.	24	The ULSTR location of the POD if it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPO", etc.)	25	MO/D/A/Y/R drilling commenced	26	MO/D/A/Y/R this completion was ready to produce	27	Total vertical depth of the well	28	Plugback vertical depth	29	Top and bottom perforation in the completion or casing shoe and TD if openhole	30	Inside diameter of the well bore	31	Outside diameter of the casing and tubing	32	Depth of casing and tubing - If a casing liner shoe top and bottom	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"			34	MO/D/A/Y/R that new oil was first produced	35	MO/D/A/Y/R that gas was first produced into a pipeline	36	MO/D/A/Y/R that the following test was completed	37	Length in hours of the test	38	Flowing tubing pressure - oil wells	39	Shut-in tubing pressure - gas wells	40	Flowing casing pressure - oil wells	41	Shut-in casing pressure - gas wells	42	Diameter of the choke used in the test	43	Barrels of oil produced during the test	44	Barrels of water produced during the test	45	MCF of gas produced during the test	46	Gas well calculated absolute open flow in MCF/D	47	The method used to test the well	48	F Flowing P Pumping S Swabbing If other method please write in	49	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	50	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	51	MO/D/A/Y/R that the completion was first connected to a gas transporter	52	The permit number from the District approved C-129 for this completion	53	MO/D/A/Y/R of the expiration of C-129 approval for the completion	54	The gas or oil transporter's OGRID number	55	Name and address of the transporter of the product	56	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.	57	Product code from the following table: O Oil G Gas
F. THIS IS AN AMENDED REPORT. CHECK THE BOX LABELED AMENDED REPORT AT THE TOP OF THIS DOCUMENT		Report all oil volumes at 15.025 PSIA at 60°		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 filled for each pool in a multiple completion		Improperly filled out or incomplete forms may be returned to operators unapproved.		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 filling 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) 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	10	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.	11	The bottom hole location of this completion	12	Lease code from the following table: F Federal S State P Fee J Jicarilla N Navajo U Ute Mountain Ute I Other Indian Tribe	13	The producing method code from the following table: F Flowing P Pumping or other artificial lift	14	MO/D/A/Y/R that the completion was first connected to a gas transporter	15	The permit number from the District approved C-129 for this completion	16	MO/D/A/Y/R of the C-129 approval for this completion	17	MO/D/A/Y/R of the expiration of C-129 approval for the completion	18	The gas or oil transporter's OGRID number	19	Name and address of the transporter of the product	20	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.	21	Product code from the following table: O Oil G Gas																			