District I PO Box 1980, Hobbs, NM 88241-1980 State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised February 21, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

District II
PO Drawer DD, Artesia, NM 88211-0719
District III

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

1000 Rio Brazos Rd., Aztec, NM 87410 District IV

NM 87504-2008

AMENDED REPORT

I.	Santa Pe	REQUES		ALLOWA	BLE A	AND AT	JTHOI	RIZAT	TON TO T	RAN	rgOg2	г	
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		Texas								³ Reason for Filing Code			
	API Nun								CC) - E	Effect	ive 6/1/96	
30 - 0	6777 .	Rlinoba	Coo	⁵ Pool Name				Pool Code					
	roperty		Blinebry Oil & Gas						72480				
	1827		Stephens Estate								'v	Vell Number	
II. 10		ce Locatio			·			·		Щ_	1.		
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¹¹ Bottom H		m Hole Lo	cation	·			<u>-</u>				-	nea	
UL or lot no.				Lot Idn	Feet fi	rom the	North/S	outh line	Feet from the	East/	West line	County	
¹² Lae Code	Į.		cing Method Code 4 Gas 9-13				nit Number		* C-129 Effective Date		17 C-129 Expiration Date		
II. Oil a	nd Ga	as Transpo	rters								<u> </u>		
Transpor	ter		Transporter	Transporter Name			D	²¹ O/G					
Occasion Phillips			and Address Petroleum Co. Truck rook			1972/10			and Description				
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7. Produ		Vater											
22 P	OD					¹⁴ POD ULS	TR Locati	on and De	scription				
. Well C	ompl	etion Data											
			2 Ready Date			" TD			2 PBTD		2º Perforations		
³⁴ Hole Size			31 Casing & Tubing Size			32 Depth Set				33 Sacks Cement			
													
													
. Well T	Pest T	lata	<u> </u>										
Date New			livery Date	3ª Test	Date	37	Test Leng						
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4º Choke Size		41 Oil 41		41 Wa	Water		43 Gas		4 AOF			S Test Method	
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ic:	Phone: 71	75	Approval Date: 1580										
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		,	. VVIGIS BUMI	un usme ol	tue previ	ious operator	7						
]	Previous	Operator Signat	ure			Printed	Name			Titl	le	D	
												Date	

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.

- 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.
- The name of the pool for this completion 5.

uested)

- 6. The pool code for this pool
- The property code for this completion 7.
- The property name (well name) for this completion B.
- The well number for this completion 9.
- 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.
- The bottom hole location of this completion 11.
- Lease code from the following table: 12.
 - Federal State Fee Jicarilla
 - N V Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: 13. 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.
- 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.
- 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 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.
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 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 32.
- 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 34.
- 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
- 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
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43 MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well: Flowing Pumping 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 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 47. signed by that person