District I PO Box 1960, Hobbs, NM 88241-1960 District II			State of New Mexico rgy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088							Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office 5 Copies					
NO Drawer DD, Artesia, NM 88211-0719 District III 1000 Rio Brazos Rd., Aztec, NM 87410															
District IV PO Box 2088, 2	Santa Fe, N	M 87504-	2082			. •								ENDED REPORT	
I.	1	REQU			LLOWA		ANI	D AU	THOF	UZAT	ION TO 7		PORT		
Floyd	Operat	ing C	•	-			•							er 🕴	
711 Lc	ouisian	a Su	ite l		40				•			007943 * Reason for Filing Code			
Housto	on, Tex	as 7	7002							$\langle \cdot \rangle$	CH-Chang Effec	ge of (ctive:	Dperat	or	
-	API Numbe	r		میں یہ <u>دارا</u> پر کی ہیں چارائی ک			P	ool Nam	¢ ,	. •	· · · · · · · · · · · · · · · · · · ·		يعدون المشاعدة الجشادي	Pool Code	
30 - 0 25-06777			Wantz Abo							62700					
¹ Property Code -002100 18274			'Pr Stephens Estate				operty Name			⁹ Well Number 1			ell Number		
II. ¹⁰	Surface			مند موجود به الک ا			.						-		
Ul or lot no.	Section	Town	ship	Range	Lot.Idn	Fee	t from t		1	uth Line	Feet from the	East/V	Vest line	County	
L	24	215		37E			1980)	Sou	ıth	660	Wes	st	Lea	
the second s	Bottom														
UL or lot no.	Section	Town	ոտե	Range	Lot Ida	Fe	et from i	the	North/S	outh line	Feet from the	East/V	Vest line	County	
¹² Lee Code P	" Produc	cing Meth	nod Code		Connection I	Date	" C-1	29 Perm	L Number		C-129 Effectiv	e Daie	" C-1	29 Expiration Date	
III. Oil a	nd Gas	Trans	sporte						-				I	J	
" Transpo OGRID			¹⁹ Transporter Name and Address						D	¹¹ O/G	¹¹ POD ULSTR Location and Description				
013063	no	intern) Box		coleum	Corporation		: ÷ C	0585710 0		0	L 24	T21S	R371	E	
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0585750			L 2	24 T21	S R37E		- 1		SIN LOCA	lion and D	escription				
V. Well		tion I													
¹¹ Spud Date			²⁴ Ready Date			17	" דס			²⁴ PBTI)		39	³⁷ Perforations		
²⁰ Hole Size			³¹ Casing & Tubing Size				²² Depth Set			······		³⁰ Sacks	³³ Sacks Cement		
	· · ·						•			,			<u></u>		
					<u>.</u>		<u> </u>	1							
VI. Well Test Data			M Gas Delivery Date			^M Test Date			" Test Le	ngth	²⁶ Tbg. Pressure			¹⁴ Csg. Pressure	
" Choke Size			4º Oil			4 Water		40 Gas		1	4 AOF			" Test Method	
⁴⁴ I hereby cert with and that t knowledge and	he informatio								Q	IL CO	NSERVA	fion i	DIVISI	ION	
Signature:		Se	\neg	top				Approve	d by:	0ka	SINAL SILIN	Statu		XION	
Printed name:	Gr	es F	ox			1		Title:			DISTRI 1	I SUPER	VISGR		
Title:	M	ANGAC	10	F Pr	duch	いん		Approva	I Date:	J	AN 05 6	395	· · · · · · · · · · · · · ·		
Date: 1/2	196	·····		Phone: 7/	3/222-		<u>-</u>				<u>تیب کے بیب میں ا</u>				
" If this is a					mber and ma	me of th	e previo						E 1		
BISON		Operator			Ву:	Bruc	e 0.		hel		<u> </u>	reside 1	nt Ide	12/20/95 Date	
OGRID-		-	\leq	Sm	m	$\left(\right)$	52	i	that)					

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•		New Mexico Oil C-104	Conservatio Instructions	n Division
AN	MENDED REPORT AT THE		22.	T' • ULSTR location of this POD if it is different from well completion location and a short description of the P (Example; "Battery A", "Jones CPD",sto.)
Rep	ort all gns volumes at 15,02 ort all oil volumes to the ne	arest whole barrel.	23.	The POD number of the storage from which water is mov from this property. If this is a new well or recomplation a
acco	equest for allowable for a ner ompanied by a tabulation of ordance with Rule 111.	wly drilled or deepened well must be if the deviation tests conducted in		this POD has no number the district office will assign number and write it here.
new	and recompleted wells.	s filled out for allowable requests on	24.	The ULSTR location of this POD if it is different from t well completion location and a short description of the PO (Example: "Battery A Water Tank", "Jones CPD Wa Tank",etc.)
char	nges of operator, property in such changes.	, and the operator certifications for name, well number, transporter, or	25.	MO/DA/YR drilling commenced
		iled for each pool in a multiple	26.	MO/DA/YR this completion was ready to produce
A separate C-104 must be filed for each pool in a multiple completion.				Total vertical depth of the well
∣Impr ⊢oper	operly filled out or incom ators unapproved.	plete forms may be returned to	28.	Plugback vertical depth
1.	Operator's name and a	ddress	29.	Top and bottom perforation in this completion or casi shoe and TD if openhole
2.	Operator's OGRID num	nber. If you do not have one it will in by the District office.	30.	Inside diameter of the well bore
з.		from the following table:	31.	Outside diameter of the casing and tubing
r	NW New Ŵell RC Recompletion CH Change of Op		32.	Depth of casing and tubing. If a casing liner show top an bottom.
	AO Add oil/conde	insate transporter ndensate transporter	33.	Number of sacks of cement used per casing string
1 J	AG Add gas trans CG Change gas to RT Request for	porter	The fo condu	bliowing test data is for an oil well it must be from a te cted only after the total volume of load oil is recovered.
	requested) If for any other reason	write that reason in this box.	34.	MO/DA/YR that new oil was first produced
4.	The API number of this	well .	35.	MO/DA/YR that gas was first produced into a pipeline
5.	The name of the pool f	or this completion	36.	MO/DA/YR that the following test was completed
6.	The pool code for this p	, Dool	37.	Length in hours of the test
7.	The property code for t	his completion	38.	Flowing tubing pressure - oli wells Shut-in tubing pressure - gas wells
8. 9.	The property name (we	li name) for this completion	39.	Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
10.	The surface location o	this completion NOTE: If the	40.	Diameter of the choke used in the test
	for this location use that	nt survey designates a Lot Number t number in the 'UL or lot no.' hor.	41.	Barrels of oil produced during the test
	and Otherwise use the OCD	unit letter.	42.	Barrels of water produced during the test
11.	The bottom hole locatio	•	43.	MCF of gas produced during the test
12.	Lease code from the fol F Federal S State	iowing table:	44. 45.	Ges well calculated absolute open flow in MCF/D
	P Fee J Jicarilla		40,	The method used to test the well: F Flowing P Pumping
	N Navajo U Ute Mountain - I Other Indian T			P Pumping S Swabbing If other method please write it in.
13.	•	ode from the following table:	48.	The signature, printed name, and title of the person authorized to make this report, the date this report wa signed, and the telephone number to call for question about this report
י ^י ב 14. ז	gas transporter	npletion was first connected to a	47.	The previous operator's name, the signature, printed name and title of the previous operator's representative
15. '	The permit number from this completion	the District approved C-129 for		authorized to verify that the previous operator no longs operates this completion, and the date this report was signed by that person
16.	MO/DA/YR of the C-129	approval for this completion		
1 7. · ·	MO/DA/YR of the expire completion	ation of C-129 approval for this		
8.	The gas or oil transporter	's OGRID number		
I 9 .	Name and address of the	transporter of the product		
20.	 The number assigned to will be transported by this 	the POD from which this product transporter. If this is a new well POD has no number the district		
1.	Product code from the fo O Oil G Gas	llowing table:		

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