District I PO Box 1980, Hebbs, NM 82241-1980 District II				State of New Mexico Energy, Minerals & Natural Resources Department					Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office				
\$11 South First, District III 1000 Rio Brazos	-		U	OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505					5 Copies				
District IV 2040 South Pad	beco, Santi	a Fe, NM 87505		51						س ا 1977 - 1			
Ī]	REQUEST		LLOWABI	LE AN	DAU	ГНОКІ	ZAI	ION TO TR	OGRII			
		DIL & GAS	L. P.							151			
		ORTS & GAS	SERVIC	CES, INC.					,	Resson fo		Code	
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••	API Numbe	a 🗌			, b	ool Name	•				• 1	Pool Code	
30 - 0 25-				<u></u>		NT Y-S						2800 /ell Number	
' Property Code 018334				DOWNES								003	
II. ¹⁰ Surface Loc			والمحاد المراجع المحاد الم										
Ui or lot no.	Section	Township	Range	Lot.Idn	Feet from	the	North/South Line		Feet from the	East/We	ast/West line County		
В	06	225	37E		660		NORTH		1980	EAST		LEA	
UL or lot no.	-	Hole Loca	ation Range	Lot Idn	the North/South line			Feet from the	Feet from the East/West i		County		
		225	37E		66		NORTH		1980	EAST		LEA	
B ¹¹ Lae Code	06 ¹⁰ Produ	icing Method Coc		Connection Date		01 129 Permi			* C-129 Effective			129 Expiration Date	
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and the second sec		s Transport				~				• • • •			
" Transpor OGRID	etter	17 -	Transporter 1 and Adorm			* POI	°	31 O/G		POD UL and D	STR Lo		
020667	5	SHELL PIP		OMPANY		26437	10	0	C-05-	225-37			
D20667 P. O. BOX 2648 HOUSTON, TEXAS				7252			¥						
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	uced W		²⁴ POD ULSTR Location and Description										
	POD				-	PODUL	STR Locan	00. 100	Description				
V. Well (Comple	etion Data											
³⁷ Spud Date ³⁶ Rendy Da			lendy Date			" PBT	D	" Perform	tions	T	» DHC, DC,MC		
	³¹ Hole Siz	ie	³³ Casing & Tubing Size			¹¹ Depth Se			iet		^µ Sac	ks Cement	
										-			
	<u></u>			<u>,</u>									
r											17.572.571111,		
VI. Well	Tort T	<u> </u>		••••••			·····						
	VI. Well Test Data ³⁸ Date New Oil <u> ⁴⁶ Gas Delivery</u>		livery Date	Date " Test Date			³⁶ Tert Length		" Thg. Pressure		* Cag. Pressure		
		H			Tert L				Fillipits o	we were rooter			
" Chok	e Size	4	OU	4 ⁰ W	ater		" Ges)F .	" Test Method		
^{ef} 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 OIL CONSE										יראי ד	11775	TON	
knowledge and Signature:	belief.			T		OIL CONSERVATION DIVISION							
Why Alarce							Approved by: ORIGINAL SIGNED BY						
Printed name: GAYE HEARD							FIELD REP. II						
Tide: AGENT							Approval Date: SEP 2 4 1998						
Date: 09/22/98 Phone: (505) 393-2727													
" If this is a change of operator fill in the OGRID number and name of the previous operator													
	Previous	Operator Signat	ture			Printe	d Name				itle	Daie	

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

3.

12.

- 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 (include the effect

 AO
 Add oil/condensate transporter

 CO
 Change oil/condensate transporter

 CG
 Change gas transporter

 CG
 Change gas transporter

 RT
 Request for test allowable (include)

 - - New Well Recompletion Change of Operator (include the effective date.) Add oil/condensate transporter Change oil/condensate transporter Add gas transporter Change gas transporter Request for test allowable (include volume requested) requested) if for any other reason write that reason in this box.
- 4. The API number of this well
- Б. 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
- 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: F Federal

SP

- Ge wom the followi Federal State Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe
- ŇU
- The producing method code from the following table: F Flowing P Pumping or other artificial lift 13.
- 14.
- MO/DA/YR that this completion was first connected to a 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
- . 17. MO/DA/YR of the expiration of C-129 approval for this completion
 - 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.
 - 21. Product code from the following table: O Oil G Gas
 - 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", "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 easign 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
 - Write in 'DHC' if this completion is downhole commingled with another completion. 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore. 30.

- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and bottom.
- 34. Number of sacks of cement used per casing string

If 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.

- 35. MO/DA/YR that new oil was first produced
- 36. MO/DA/YR that gas was first produced into a pipeline
- 37. MO/DA/YR that the following test was completed
- 38. Longth in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- 40
- Flowing casing pressure oil wells Shut-in casing pressure gas wells
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- 44. MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- 46. The method used to test the well:
 - Flowing Pumping
 - o owedding 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 47.
- 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 48.