District II	hin, NM 96241+19 Artesia, NM 98211		State of New Mexico Earry, Manna & Natural Resources Department OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088					Form Revised February 10 Instructions o Submit to Appropriate District 5 (
District III	Rd., Aziec, NM 87									
	NA F., NM 87584				•				AMENDED RI	
·	REQU	EST FOR	ALLOWA	BLE AND A	UTHC	RIZA	TION TO 1			
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	Number			* Pool Na				errect	'Pool Code	
30-0025	Dr	Drinkard (0il)					19190			
Property Code			J. V. Baker					' Well Numbe		
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	ction Towns		Lot.Ida	Fost from the	North/S	South Line	Feat from the			
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	22 22			766	s Sc	outh "	1086	West	Lea	
	Producing Mathe	Code "Ga	Connection De	te ¹⁸ C-L29 Pers	ait Numbe	•	C-129 Elfective		C-129 Expiration	
III. Oil and	Gas Transp									
Transporter		" Transporter	Name	²⁴ PC	0	" 0/G	·			
OGRID		and Advise				- 0/0		²¹ POD ULSTR and Descri		
	. Equi	ra Tradi	ing Co.			. 0				
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	Sid	Richards	son	* *		G.				
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IV. Produced	1. 117-1	1	ersi en la si			1			i g	
POD	Water		99 . 	H POD 17						
		ан на 1	3 * '	" POD UL	STR Locat	ies and De	scription			
V. Well Con		a		······	<u> </u>					
¹⁴ Sped De	le 👘	¹⁴ Ready De	ile 🛛	* TD			" PBTD		" Perforations	
	e Size	1								
			asing & Tubing	Siae	²¹ Depth Set			* Se	²⁰ Sacks Cement	
			······							
/I. Well Tes	Data									
" Date New O		Delivery Date	²⁶ Test 1	Date	Test Leng	rth E	# 75. n			
					real	-	" Tog. Pres	F4.78	" Cag. Pressure	
" Choke Star		" OU	4 LV.		4 Gm		" AOF		" Test Mein: 1	
" I berehv cartific these	the pulse of a series				· · · ·		1			
" I hereby certify that with and that the infor inowledge and belief.	mation given above	conservation Div	ision have been o lets to the best of	complied my	ייט	CON	ERVATIÓ	Nr BWAR		
biganture:	1A	m					ALLIF. KAU	TZ	IUN	
Steven L		10		Approved 1	ny: 	PETR	AUL'F. KAU	GINEER		
Steven L VIce-Pre	<u>. Burles</u>	on		Title		• • • • •				
And and a second s		Barris	P 1 4 5 5	Approval D	ale:			FEB 1	1 2002	
1/15/	CUUZ		5/683-4	747			-		P V V V	
- Jane	N: Mai	m	Paus Paus	the previous operator InDr Prat	her		Danktin			
Previ	ous Operator Sign	sture		Printed			Partner		1/15/02	
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	THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED MENDED REPORT AT THE TOP OF THIS DOCUMENT	, 22.	The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Retrem 4" "Location and a short description of the POD
Re Re	port all gas volumes at 15,025 PSIA at 60°, port all cil volumes to the nearest whole barret.		Sectory A , Jones CPD ,stc.)
Å .	request for allowable for a newly drilled or deepened well must be companied by a tabulation of the deviation tests conducted in cordance with Rule 131.	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.
All De	sections of this form must be filled out for allowable requests on wand recompleted wells.	24.	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", "Jones CPD Water Tank", "Jones CPD Water
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.			Tank",etc.) MO/DA/YR drilling commenced
•••	separate C-104 must be filed for each pool in a multiple	25. 26.	MO/DA/YR this completion was ready to produce
•••	and the second	27.	Total vertical depth of the well
Improperly filled out or incomplete forms may be returned to operators unapproved.			Plugback vertical depth
1.	Operator's name and address	29.	Top and bottom perforation in this completion or casing shoe and TD if openhole
2.	Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.	30.	Inside diameter of the well bore
3.	Reason for filing code from the following table:	31.	Outside diameter of the casing and tubing
	NW New Weil RC Recompletion	32.	Depth of casing and tubing. If a casing liner show too and
	CH Change of Operator AO Add oll/condensate transporter		bottom,
	AG Add gas transporter	33. The f	Number of sacks of cament used per casing string
	RT Request for test allowable (include volume	condu	blowing teet data is for an oil well it must be from a teet cted only after the total volume of load oil is recovered.
	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 for this completion	36.	MO/DA/YR that the following test was completed
	The pool code for this pool	37.	Length in hours of the test
	The property code for this completion	38,	Flowing tubing pressure - oil welle Shut-in tubing pressure - gas welle
8.	The property name (well name) for this completion	39.	Flowing casing pressure - oil wells
9.	The well number for this completion	40.	Shut-in casing pressure - gas wells
10.	United States government super designates a Mine Market	41.	Diameter of the choke used in the test
	Otherwise use the OCD unit letter.	42.	Barrels of oil produced during the test Barrels of water produced during the test
11.	The bottom hole location of this completion, the second	43.	MCF of gas produced during the test
12.	Lease code from the following table:	44.	Ges well calculated absolute open flow in MCF/D
	8 State P Fee	45.	The method used to test the well:
- 1	J Jicarille N Navajo U Ute Mountain Ute Other Indian Tribe		F Flowing P Pumping S Swabbing If other method please write it in.
13.	and the second	46.	The signature, printed name, and title of the second
14.	The producing method code from the following table: F F Flowing P Pumping or other artificial lift	•	authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report
	MO/DA/YR that this completion was first connected to a gas transporter	47.	The previous operator's name, the signature, printed name, and title of the previous operator's representative
15.	The permit number from the District approved C-129 for this completion	N.	authorized to verify that the previous operator is representative 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		
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		
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:		
	G Gas		
	and the second		

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