District 1 PO Box 1980, Hobbs, NM \$3241-1980 District II PO Drawer DD, Artenia, NM \$3211-0719 District III 1000 Ris Brams Ed., Aster, NM \$7418 District IV PO Box 2083, Santa Fa, NM \$7504-2088 -			State of New Mexico Earry, Mineral & Natural Reserves 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			
I.	R	EQUEST	FOR A	LLOWA	BLE A		THOR	1747			ENDED REPORT	
	Corp.		•	e and Addr						OGRED Num		
		0, ML-1 as 797							007673			
				tn: Ma	arsha Wilson				* Research for Filling Code			
	PINumber	GN	/ Pool Name						LG Effec	Effective 05/01/96		
30 - 045-		BLINEBRY OIL & GHS (DIL)								06660		
00		NEW MOXILO - S- STATE								Vell Namber		
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11 E	<sup>11</sup> Bottom Hole Locat		<u>37E</u> –		16	1650 SOUTH		1980	EAST			
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III. Oil ar	nd Gas '	ransport	ers	5/1/96								
Transpor	ler		Transporter N			<sup>14</sup> PC		<sup>11</sup> O/G		BODIT		
022345	Τε	exaco E&	P Inc.	•		0.0.1				POD ULSTR L	-	
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IV. Produ	ced Wa	ter			УА 							
" P	OD					* POD I	STR Locat					
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V. Well C	-Ompieti	on Data										
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" Hole Sim		" C	ing dise	ine <sup>11</sup> Depth Set								
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VI. Well '	Test Da	17						••				
Date Ne			ivery Date		Test Date				1			
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Printed same:		Wilson	-fl_il	Kin		Title:	0		IL SIGNED BY ISTRICT I SUP	JEXAY SEXT Ervisor		
		e Assist	ant				u Data:					
Dete: 2)	24-9	6	Phone: (91	5) 688-	-7871					MAY O	z 1996	
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						Print	nt Name -	_		Title	Dete (	

IF THIS IS	AN AMENDED	REPORT. HE TOP OF	CHECK THIS D	THE BOX	LABLED
<b>B</b>					

Report all ges volumes at 15,025 PSIA at 60". Report all oil volumes to the nearest whole bar arral

A request for silowable 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 weeks.
- Fill out only sections i. II. III. IV, and the operator cartifications for changes of operator, property name, well number, transportar, or other such changes.

A separate C-104 must be filed for each pool in a multiple

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. 3.
- Research 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 CG Change ges transporter CG Change ges 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
- The property name (well name) for this completion 8.
- 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.
- 11 The bottom nois location of this completion

12.

- Lease code from the following table: F Federal S State P Fee J Jicarila N Navejo U Ute Mountain Ute I Other Indian Tribe
- The producing method code from the following table: F Flowing P Pumping or other artificial lift 13.
- MO/DA/VR that this completion was first connected to a 14. -
- 15. The permit number from the District approved C-129 for the completion
- MO/DA/YR of the C-129 approval for this completion 16.
- 17. MO/DA/VR of the expiration of C-129 approval for this
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- 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 distinct office will assign a number and write it here. 20.
- Product code from the following table: O Oil G Gas 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", atc.) 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 hare. 23.
- The ULSTR location of this POD If it is different from the well completion location and a snort description of the POD (Example: "Battery A Water Tank", "Jones CPD Water 24
- MO/DA/YR drilling commenced 25.
- 26. MO/DA/YR this completion was ready to produce
- 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
- 32. Depth of casing and tubing. If a casing liner show top and bottom
- 33. Number of sacks of cament 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
- 38 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 te
- 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:
  - Figu
  - F Flowing P Pumping S Swebbing If other method please write it in;
- The signature, printed name, and title-of the parson 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 is and title of the previous operator's represen-suthenzed to verify that the previous-operator no operates this completion, and the date this reper 47. IF ne lond signed by that person

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