## District I

PO Box 1980, Hobbs, NM 88241-1980

District II

811 South First, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

## State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104
Revised October 18, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

J Copies
AMENDED REPORT

2040 South Pach			-									NDED KEI OKI
[	RI				<u>E AND</u>	AUT	'HORIZ	ZATIO	ON TO TR			
RICE OPERATING COMPANY								OGRID Number				
122 WEST TAYLOR HOBBS, NM 88240								Reason for Filing Code CO 8-1-98				
						ol Name				Pool Code 096121		
						perty Name DRINKARD SWD				' Well Number		
009604	ocation	DRINKARD SWD 022										
Ul or lot no.	Section 1	Township	Range	Lot.Idn	Feet from t	he	North/Sou	th Line	Feet from the	East/Wes	t line	County
A	22	22S	37E		817		N		965	E		.25
11 Bottom Hole Location												
UL or lot no.	Section	Township	Range	Lot Idn	Feet from t	he	North/Sou	th line	Feet from the	East/Wes	ast/West line Coun	
<sup>12</sup> Lse Code P		ng Method Code	14 Gas	Connection Date	15 C-1	29 Permi	ermit Number 16 C-129 Effect		C-129 Effective	Date	<sup>17</sup> C-1	29 Expiration Date
III. Oil a	nd Gas T	Transporte:	rs									
" Transpo OGRID	rter		ransporter l			<sup>28</sup> POD <sup>21</sup> O/G			<sup>22</sup> POD ULSTR Location and Description			
037008		ENEX OPE			2	80937	13	0				-
	80000000000001	O BOX 30		1	2	00937	2					
012426		HOBBS, NM		ELD SERV.	TNC 2	90027	2					<del> </del>
012420	1	PO BOX 58	-	ELD SERV.	110 2	00937	3	0				
	I I	HOBBS, NM	8824	1								
130908 PATE TRUCKING COMPANY 280							/3	0	2			
	I I	PO BOX 10 HOBBS, NM	08 <u>8824</u>	1			70					
			•									
IV. Prod	uced Wa	ater										
	POD				24	POD UI	STR Locati	on and	Description			
									<del> </del>			
V. Well Completion Data  Spud Date  Ready Date  "TD					<sup>21</sup> PBTD <sup>23</sup> Perfo			rations 34 DHC, DC,MC				
Spud Date - F			cady Date			PBID		29 Perforations				
31 Hole Size			31	Casing & Tubing		33 Depth Set				34 Sacl	cs Cement	
VI Well	Test D	l ata		<del>.                                      </del>	<del></del>		<del></del>					
VI. Well Test Data  35 Date New Oil  36 Gas Deli		ivery Date	Date 37 Test Da		34 Test Length		ngth	" Tbg. Pressure			4 Csg. Pressure	
41 Choke Size		42	Oil 43 W		Vater		44 Gas		45 AOF		4 Test Method	
47 I hereby cer	tify that the r	ules of the Oil Co	mscrvation l	Division have been	complied							
knowledge and	uie informatio d belief.	n given above is	true and con	nplete to the best o	ot my		O	IL C	ONSERVA'	TION I	MAIS	SIUN
Signature:	_//	4 Wat			4.1	Approv	ed by:	ORIG	INAL SIGNED	BY CHR	<u>19 W.</u>	
Printed name:	9 K	en Hasten	l	-		Title:			DISTRICT I	SUPERV	/ISOR	
Title:	Genera	l Manager				Approv	al Date:		ΔIIG	1 6 199	Ω	
Date:				Phone: (505) 393-9174						<del>. v 133</del>	<del></del>	
41 If this is a	change of o	perator fill in the	OGRID n	umber and name	of the previ	ous oper	ator					
	Previous	Operator Signa	ture			Prin	ted Name			ำ	itle	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.

and the second s

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.

- 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.
- 3.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator (Include the effective date.)

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)

If for any other reason write that reason in this box.

- 4. The API number of this well
- The name of the pool for this completion 5.
- 6. The pool code for this pool
- The property code for this completion 7.
- 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.
- 12 Lease code from the following table:

Federal State

1

SPJ Fee Jicarilla

Navajo Ute Mountain Ute N

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
- 15. The permit number from the District approved C-129 for this completion
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17. completion
- The gas or oil transporter's OGRID number 18.
- 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 district office will assign a number and write it here. 20.
- Product code from the following table:
  O Oil 21.

Gas

- 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 23. 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.
- The ULSTR location of this POD if it is different from the 24. well completion location and a short description of the POD (Example: "Battery A Water Tank"; "Jones CPD Water Tank", etc.)
- MO/DA/YR drilling commenced 25.
- 26. MO/DA/YR this completion was ready to produce
- Total vertical depth of the well 27.

- 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
- 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 t' 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. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 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 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 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.