District I PO Box 1980, Hobbs, NM 88241-1980 District II

State of New Mexico

Energy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994 Instructions on back
Submit to Appropriate District Office

NO Drawer DD, Artesia, NM \$8211-0719

NO Drawer DD, Artenia, NM 88211-0719 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV			• 0	OIL CONSERVATION DIVISION						Submit to Appropriate District Office			
				PO Box 2088 Santa Fe, NM 87504-2088					5 Copies  AMENDED REPORT				
PO Box 2082, Se I.		_		I I OWAD	7 TC 4 N TC	D 4 7 7	TTIODI	· C7 A C751	/ON TO TT			(DED REPOR)	
		ryom		me and Address	LE AN	D AU	THORI	ZATI	ON TO TE	ANSP(		· · · · · · · · · · · · · · · · · · ·	
Yarboroug						151889							
c/o 0il 1	Service					Reason for Filing Code							
Post Off: Hobbs. No			<i>1</i> 1					$-\Delta t$	CU DEE	ativa 1	12/01	/05	
٠.٨	Pl Number	002	<del>/</del>	Pool Name					CH Effective 12/01/95 Pool Code				
30 - 0 25-	-26765			Brunson Fusselman						08005			
Property Code				Property Name						'Well Number			
II. 018333				L. E. Grizzell						004			
II. 10 S	Section	· · · · · · · · · · · · · · · · · · ·		1									
Of brick ad.	Secusia	Township	Range	Lot.ida	Feet from t	he	North/South Line		Feet from the	East/West line		County	
A 11 1	08	225	37E		81	0	NORTH		410	EAST		LEA	
UL or lot no. Section		Hole Lo							<del></del>				
A	08	Township 225	Range 37E	Lot Ida	Feet from				Feet from the	East/West line		County	
12 Lse Code		ing Method		Connection Dat	81		NOR		410 " C-129 Effective	EAST		LEA C-129 Expiration Date	
P	-110000	P	0.2	09/19/80	•	149 Ferm	H VAMPEL		. C-129 Ellective	Date	" C-12	9 Expiration Date	
III. Oil a	nd Gas		rters	03/13/60						. <u></u>	<del>-</del>		
Transporter			19 Transporter Name				" POD " C		" POD ULSTR Location				
OGRID		and Address							and Description				
020443		urlock Permian Corp. O. Box 4648				2643910 0			A-08-T22S-R37E				
S(XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			ston, Texas 77210-4640				**************************************						
020809 Sid Richa			ardson Gasoline Co.			0243930 G			A-08-T22S-R37E				
Mark Control Mark Control			Main Street				, a 2 ( 1 0 );						
<b>B</b> ECCOLO SOLVENIO	Fo.	rt Wort	h, Tx 76	102	30000000			8					
8													
S. C.	ta sed												
									1				
San Per Part of the san	7.00						ale marketing		1				
IV. Prod	uced W	ater	<del></del>							<del></del>			
15	POD				1	POD U	LSTR Locat	ion and	Description			<del></del>	
26439	950	1	A-08-T22:	S-R3/E									
V. Well	Comple	tion Dat	a						-		,,,	······	
			<sup>24</sup> Ready I	<sup>24</sup> Ready Date					" PBTD		<sup>19</sup> Perforations		
M Hole Size		31 Casing & Tubing Size			<sup>31</sup> Depth S			st " Sack			Cement		
<u> </u>													
								***					
-		-				1	<del></del>						
VI. Well	Test D	ata					<del> </del>		<u></u>	· · · · · · · · · · · · · · · · · · ·			
M Date New Oil M Gas Deli		Delivery Date	livery Date * Test Date			" Test Le	ngth	" Tbg. i	" Tbg. Pressure " Cag. Pres				
											l		
" Choke Size			4 Oil 4 Water			4 Gas			" AOF			" Test Method	
					<b></b>								
with and that t	ufy that the :	rules of the C on given abov	il Conservation re is true and co	Division have been mplete to the best	of my		01	II CC	NSERVAT	TON D	13/101	ON	
knowledge and	belief.		INAI	1	<del>-</del> /				igmal sys		7 4 191	014	
Signature:	Jui	ln/	JULL			Approv	ed by:	· · · · (!	CARROW Y				
Printed name:	Lare	n Holle	r			Title:			<b>计图记记记</b>	i (		· · · · · · · · · · · · · · · · · · ·	
Title: Agent						Approval Date:				JAN 3 U 1995			
Date: 01/23/96 P			Phone: /	Phone: (505) 393-2727				ONK 0 0 1000					
	the state of the same of the	perster fill is		umber and name		ions sor	nior						
W. B. Ya							Laren E	Colle	r	Age	nt	01/23/96	
	Previous	Operator Si	gnature			Prin	ted Name			Tiu	le ·	Date	
				OLD OGRID	024243	3							

## New Mexico Oil Conservation Division C-104 Instructions

## IF THIS IS AN AMENDED REPORT, CHECK THE BOX LATLED "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 fluie 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.

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.
- 3.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator

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) 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
- 8. The property name (well name) for this completion
- 9 The well number for this completion
- 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 hole location of this completion
- 12. Lease code from the following table:

  - Federal State Fee Jicarilla

  - Navajo Ute Mountain Ute Other Indian Tribe
- 13. The producing method code from the following table:
  - - Flowing Pumping or other artificial lift
- 14 MO/DA/YR that this completion was first connected to a
- 15. The permit number from the District approved C-129 for this completion
- 16 MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17.
- 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.
- 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 (Example: "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 assign 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.
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- 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
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and 32.
- 33. Number of sacks of cement 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.

- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36. 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 test
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43 MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D
- The method used to test the well: 45.

  - F Flowing
    P Pumping
    S 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 46.
- 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

 $R_{E_{C_{F,i}}}$