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District III

2O Box 1980, Hobbs, NM 88241-1980 District II PO Drawer DD, Artesia, NM 88211-0719

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico ergy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

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

District IV 2040 South Pacheco	o, Santa			T FOD (-	NDED REPO	
<u>I.</u>		REQUEST FOR ALLOWABLE AND AUTHORIZATI								ON TO TRANSPORT 2 OGRID Number			
¹ Operator name and Address Burlington Resources Oil and Gas Company													
P.O. Box 5	es off af	ia aas coi	mparty						026485 Reason for Filing Code				
Midland, T	10-1810				V _s .				DHC 3 19				
4 /				5 Pool 1	⁵ Pool Name				6 Pool Code				
30-0 25-32478					South Sand Dunes Bone Spring					53805			
⁷ Property Code				8 Property Name					9 Well Number				
13280				Little Jack 30 Federal					3				
II. 10	Surf	ace	Location	1									
UL or lot no.	Section		Township	Range	Lot. Idn	Feet from the	North/S	South Line	Feet from the	East/V	West line	County	
<u> </u>	3		23\$	32E	<u> </u>	660'		<u> </u>	2310		E	Lea	
•			Hole Lo		1	I =	1		I =				
UL or lot no.	Secti	on	Township	Range	Lot. Idn	Feet from the	North/	South Line	Feet from the	East/\	West line	County	
² Lse Code	13 Pro	13 Producing Method C		ode 14 Gas	Connection Date	¹⁵ C-129 Per	ermit Numi	ber 1	6 C-129 Effect	ive Date	17 C-1	129 Expiration Dat	
F			F		3/29/98						<u> </u>		
II. Oil an	d Ga	s Tı	ansport	ers								-	
18 Transporter OGRID				nsporter Nam	ne	20 PC	20 POD 21 O/G		22 POD ULSTR Location and Description			on	
		Fatt	Energy	 		000				and Des	nd Doctription		
07-7-70				-	8, Houston, TX		2809010 (Ut. J. Se	c. 30, 1	Γ23S, R	32E	
09171			Corporat			2809	2809011		Ut. J, Se	c 30 1	[235 R	32F	
		4001	Penbroo	k, Odessa	i, TX				00. 0, 00		200, 1	OLL.	
				··.	<u></u>								
				<u> </u>									
V. Produ	ced V	Vato		· · · · · · · · · · · · · · · · · · ·	,,				L				
²³ POI			<u> </u>			²⁴ POD UI	STR Locat	tion and Des	scription				
28107	709		West Ja	al Dispos	al in Ut. (G, Sec. 10,	T25S, R	36E, Lea	a Co., hau	led by R	apid T	ransports	
V. Well C		letio	n Data										
25 Spud Date		²⁶ Read				TD	²⁸ PBTD		i	forations			
4/15/94		3/25/98		32 ~ :	8900		3854'		8610	<u>- 8657'</u>		#1359	
31 Hole Size			32 Casir	ng & Tubing Size	•	33 Depth Set				Sacks C	ement		
17 1/2"			13	3/8". 48#		633			550 sxs				
12 1/4"			8 5	/8". 28/32 ₃	#	4500'			1700 sxs				
7 7/8"			5	1/2", 17#		8900'			1090 sxs		SXS		
VI. Well 7	Test 1)ata											
35 Date New Oil		³⁶ Gas Deliver		ry Date 37 Test Date		te 38	38 Test Length		³⁹ Tbg. Pres	ssure	e ⁴⁰ Csg. Pressure		
3/29/98		3/29/9		98			24 hrs		200	ASSEL MARKET /	120		
⁴¹ Choke Siz	æ	ŀ	⁴² Oil	l	43 Water		44 Gas		⁴⁵ AOF		46 Test Method		
64/64			62		50		259					Pumping	
					Division have bue and complete			OIL CO	NSERVATI	ON DIV	ISION		
he best of my kn					complete	Approve	d by:						
Signature: Printed name:	21/	110	V 12	agre	SS)		ORIG	INAL SIG	NED BY CH OT I SUPER	IRIS WILL	IAMS		
Deborah Ma	agnes:	<u>s</u>				Title:		-101M	U1 1 30FE	1VISOR			
Title:					····	Арргоvа	1 Date:	ann					
Regulatory Assistant						_ 	APR 2 1 1998						
4-7-9					* .								
48 If this is a ch	nange of	opera	itor fill in the	OGRID num	nber and name o	f the previous op	erator						
		Previ	ous Operator	Signature		D ₁	inted Name	•		Tit	le	Date	
		- 1011	operawi	~-0:m/m/		£1	11BIK	-		* 1b		240	



New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT.

Report all gas volumes at 15.025 PSIA at 60 degrees. 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
- 2 Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
- Reason for filing code from the following table: NW New Well 3

NW RC

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.

- 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
- q The well number for this completion
- The surface location of this completion NOTE: If the number 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: Federai

State

Jicarilla

Navaio ü Ute Mountain Ute

Other Indian Tribe

13. The producing method from the following table:

Flowing

- Pumping or other artificial lift
- 14 MO/DA/YR that this completion was first connected to a gas transporter
- 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
- 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 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 20. assign a number and write it here.
- 21. Product code from the following table:

Oi! 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
- 23. The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and the POD has no number the district office will assign a number and write it here.
- The USLTR location of this POD if is is different from the well 24 completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water
- 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
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29

- Write in 'DHC' if this completion is diwinhole 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
- 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
- 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 recol/ered.

- 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 casing pressure oil wells Shut-in casing 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 MC F/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 47 about thisreport.
- 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 wassigned by that person. 48.