District I PO Box 1980, Hobbs; NM 82241-1980

State of New Mexico

Form C-104 Revised October 18, 1994 Instructions on back

District II

811 South First, Artesia, NM 88210

Previous Operator Signature

OIL CONSERVATION DIVISION

Submit to Appropriate District Office

District III									-		5 (Copic	
1000 Rio Braze District IV	≥ Rd., Az	tec, NM 87410						AMENDED REPORT					
2040 South Pac I	checo, San	E FE, NM 875 REOUES	os ST FOR A	LLOWABLE A	ND AU	THOR	ZAT	ON TO T	RANSP	ORT	•		
Operator name and Address										¹ OGRID Number			
Home-Stake Oil & Gas Company							163	163123					
15 E.	5th	Street 7410	Suite 2800 THE WILL HAS BEEN PLACED IN THE POUL SESIGNATED BUT WILL BY YOUR DO NOT COME IN					Resson for Filing Code					
			en C	SIGNATED BE SALE					1 1 11				
* API Number			1/2	CATILL LINE	. LOO! WHEN	e				* Pool Code			
30 - 0 25-34611			South	McCormack.	Property Na				4	45430 * Well Number			
23630				Sarah Johns	ston	on				2			
		Location	n										
Ui or lot no. Section Township		Range	om the			Feet from the		East/West line		,			
J 22		225				O South			2288 East Lea				
		Hole Lo	— • • • • • •	15.6	- 43	N 1 60		₩	15. 463				
UL or lot no.	Section	Township			om the North/South line Slo3 South			Feet from the	East/We		County		
" Lee Code	22	22S	37E		5 <u>60</u> ろ C-129 Permi			25/E			Lea L29 Expiration 1	Date	
P	11000	F	1	3/99	N/A		ļ	N/A			N/A		
	nd Gas	Transpo		3777	117 71	-	_!		1	''	117.11		
" Transporter			19 Transporter Name and Address			20 POD 21 O/G		" POD ULSTR Location					
OGRID		·unana	82 36	7.1	Ω	ul'0' Sec 22-T22S-R37E							
021778		unoco (R&M) 004 N. Big Spring			.02)6.	2 2621 0		Sarah Johnston #1					
	V	lidland	<u>, TX 7</u>	9701			N. 9. N. N.		ank B	att	ery.		
								•					
			Corpora	82 36	2 3632 G			UL'0' Sec 22-T22S-R37E					
404			4 Penbrook ssa TX 79762						Sarah Johnston #1 Tank Battery				
UUESSa.				7.0.2	and the control of th			Talik Dattery					
	200			5.		Z2000000000000000000000000000000000000							
W Produ	T beer	Tata=						 	 				
V. Produced Water			** POD ULSTR Location and Description										
282 3633		Wa	Water Tank-Sarah Johnston #1 Tank Battery T225-R37E										
		tion Date					,			.,,,	,		
25 Spud Date		24	* Ready Date "TD			* 1510		** Perforations		* DHC, DC,MC			
5/6/99			23/99 7475 ** Casing & Tubing Size			7205		6350-6493		N/A			
31 Hole Size						Depth Se	<u> </u>	1.1.		cs Cement			
17. 1/2"			13 3/8	7	397'			440 sx 800sx					
11"			8 5/8	- 34	400'	<u> </u>							
7 7/8"			5 1/2"			7472				955 / ŝx			
77 777 11	T T	<u></u>	2 7/8	8"		6305	5'		N	/A			
VI. Well	Test D		Delivery Date	²⁷ Test Date	- 1	» Test Len		. »The I		1	# C P		
7/23/99		7/2	3/99	7/25/99		24 hrs		**Tbg. Pressure 100#		Cog. Pressure			
41 Choke Size			4 Oi	4 Water		24 1115 ** Ges		4 AOF		* Test Method			
20/64"		126	Bbls	25 Bbls	;	435 MCF		•			F		
				vision have been complied		^TT		TOTONY 4 C	7027 50	77	· · · · · · · · · · · · · · · · · · ·		
with and that the information given above is true and complete to the best of my knowledge and belief.						OIL CONSERVATION DIVISION							
Signature:	4	Jarus		Approve	Approved by: ORIGINAL SIGNED BY CHRIS WILLIAMS DISTRICT I SUPERVISOR								
Printed name:	Larr	<u> </u>		Title:									
Tide: Production Engineer						Approval Date:							
Date: 7 -	26		Phone: 91			PDG 2 0 1939							
" If this is a ci	pange of o	perator fill in		nber and name of the pe	evious opera	tor .							
1													

Printed Name ·

Date

IF THIS IS AN AMENDED REPC CHECK THE BOX LABLED AMENDED REPORT AT THE TO: F 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 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
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- 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. 3.

- 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. If the
- 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
- MO/DA/YR that this completion was first connected to a 14.
- 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
- 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.
- 21. Product code from the following table:
 O OII
 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.
- ~ ≈ **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.
 - 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", and I 24.
 - 25. MO/DA/YR drilling commenced
 - 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
 - Write in 'DHC' if this completion is downhole 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 in this well bore. 30.

- 31.) a diameter of the well bore
- 32. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- 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 the total volume of load oil is recovered.

- 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
- 39. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
- 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
- MCF of gas produced during the test 44.
- 45. Gas well calculated absolute open flow in MCF/D
- 46. The method used to test the well: 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 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.

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