District I PO Box 1980, H	lobbs, NM S	8241-1980	State of New Mexico					at	Form C-104 Revised February 10, 1994			
District II PO Drawer DD, Artenia, NM 88211-0719 District III				OIL CONSERVATION DIVISION					Instructions on back Submit to Appropriate District Office			
1000 Rie Brams Rd., Aziec, NM 87410				PO Box 2088 Santa Fe, NM 87504-2088						5 Copies		
District IV PO Box 2008, S	anta Fe, NM	[8 7504-2088			,						ENDED REPORT	
I.	R	EQUES	T FOR A	LLOWA	BLE AN	ID AU	THORI	ZAT	ION TO TH	RANSPOR	Т	
Jean Do	e	' Operator nai	ne and Addre	••								
c/o Oil Reports & Gas Services, Inc.,									-001477- [3(71)] * Reason for Filing Code			
P. O. Box 755 Hobbs, New Mexico 88241									_			
	PI Number	100 001		⁴ Pool Name					CH Effective 10/1/94 'Pool Code			
30 - 0 25 - 10796				Langlie Mattix SR-OU-GB					37240			
1 .	roperty Code		Property Name						' Well Number			
	24			Hughes B-6					010			
II. ¹⁰	Surface	Location	Range	Lot.Idn	Feet from	the	North/Sout	h []	Feet from the			
Е	19	235	37E							East/West line		
L		Hole Lo			2310)	NORTH		660	WEST	LEA	
UL or lot no.	and the second state of th	Township		Lot Idn	Feet from	n the	North/South line		Fort from the	East/West line	County	
Е	19	235	37E		2310)	NORT	н	660	WEST	LEA	
" Lee Code F		ng Method C P	7/	Connection D	ate ¹⁶ C	-129 Perm	it Number	1	C-129 Effective	Date ¹⁷ (C-129 Expiration Date	
the second s		Transpo										
¹¹ Transporter ¹² Transport OGRID and Ad			* Transporter ! and Addres				¹⁰ POD ¹¹ O/G		²² POD ULSTR Location and Description			
005108			ırface Tr . County	-	ation	0978410 0		E-19-23S-37E				
200322 200320		bbs, NN	-	KU.								
024650		rren Pe	-						E 10 226 27E			
		O. Box lsa, OF				0978430 G			E-19-235-37E			
	S konstal					*************				- JAN		
					in Saint	Dher S. V. N. V.						
u uniani si 1	Verification (Construction of the Construction				2010/24				To To	Ob in	N.A.N	
IV. Prod	uced Wa	iter			2003)		Cer V Brit					
13	POD		<u> </u>			POD UI	STR Locatio	n and I	Description			
		ion Dat										
¹⁴ Spud Date		²⁴ Ready Date			"TD			" PBTD		¹⁹ Perforations		
<u> </u>	" Hole Size		³¹ Casing & Tubing Size			³¹ Depth Se			l		N Sector Co	
			Casing & Tubing Size			- Depth Si				- 54	³³ Sacks Cement	
				<u> </u>	·····							
							· · · · · · · · · · · · · · · · · · ·					
VI. Well	Test Da	ita				<u>ł</u>						
¹⁴ Date N	ate New Oil ²⁶ Gas Delivery		Delivery Date	very Date ³⁴ Test Date			" Test Length		³⁴ Tbg. Pi	-casure	³⁴ Cag. Pressure	
							-					
" Chok	" Choke Size **		" Oil	ii 4 ₩		'ater			* AC)F	" Test Method	
" I hereby certi with and that th	ify that the rule information	les of the Oil	Conservation D is true and com	vivision have be	con complied	le contraction de la contracti	017		NODUA			
knowledge and	belief.		1/20	//	когшу				NSERVAT		SION	
Signature: Jack Alle							Approved BRIGINAL SIGNED BY JERRY SEXTON					
Printed name: / Laren Holler							Title:					
Tile: Agent							Approval Date: DEC 2 0 1934					
Date: 12/7/	94		Phone: (5	05) 393-	2727			<u> </u>				
" If this is a c	hange of ope	rator fill in	the OGRID nu	mber and pay	of the prev	ious oper	utor					
B.E. F		Derator Sig	Yhln-	pel	ll_		ren Holl	ler		Agent	12/12/94	
							ed Name			Title	Date	

6

 Report all gas volumes at 15.025 PSIA at 60°. Report all off volumes to the nearest whole barrel. A request for allowable for a newly drilled or despened 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 other such changes. A separate C-104 must be filled 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. Reason for filing code from the following table: NW New Well RC Recompletion RC Recompletion Condensate transporter AO Add di/condensate transporter Add gas transporter Add gas transporter Co Add gas transporter The API number of this well The name of the pool for this completion The poperty code for this completion The poperty name (well name) for this completion The surface location of this completion The bottom hole location of this completion Lease code from the following table: F ederal 	IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT							
 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 filled for each pool in a multiple completion. Improperly filled out or incomplete forms may be returned to operators unapproved. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. Reason for filling code from the following table: NW New Well RC Recompletion CH Change of Operator Add gait condensate transporter CG Change 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 The pool code for this completion The property code for this completion The surface location of this completion The bottom hole location of this completion Lease code from the following table: 	Report all das volumes at 15.025 BSIA at 608							
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 11. The bottom hole 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. 11. The bottom hole location of this completion 12. Lease code from the following table: F Federal 	9.							
12. Lease code from the following table:	10.	for this location use that number in the 'lll, or lot no ' have						
r Federal	11.	The bottom hole location of this completion						
P Fee J Jicarilla N Navajo U Ute Mountain Ute I Other Indian Tribe	12.	Lease code from the following table: F Federal S State P Fee J Jicarilla N Navajo U Ute Mountain Ute						

- 22. 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.)
- 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.
- 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
- 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
- 32. Depth of casing and tubing. If a casing liner show top and bottom.
- Number of sacks of cement used per casing string 33.

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
- MO/DA/YR that gas was first produced into a pipeline 35
- 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
- 44 Gas well calculated absolute open flow in MCF/D
 - The method used to test the well: F Flowing P Pumping S Swabbing If other method please write it in.

45.

- 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 47.

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- MO/DA/YR of the expiration of C-129 approval for this completion
- 18. The gas or oil transporter's OGRID number

13.

14.

15.

16.

17.

P

gas transporter

- 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.

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

The permit number from the District approved C-129 for this completion

MO/DA/YR of the C-129 approval for this completion

Product code from the following table: O Oil G Gas 21.