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

State of New Mexico aergy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994

20 Drawer DD, Artesia, NM 88211-0719 District III

Instructions on back Submit to Appropriate District Office 5 Copies

1000 Rio Brazos Rd., Aztec, NM 87410 District IV

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

	•

	nta Fe, N			FOR A	LLOWAB	LE AN	D AU	THORI	ZATI	ON TO TR	ANSPOR	Т	
Vista R		-	٠,0	perator nan	e and Address						<sup>1</sup> OGRID Nut		
Vista Resources, Inc. (A) d/b/a Vista Resources of Texas, Inc.								-	150758  * Reason for Filing Code				
.O. Bo			700 0						$\mathcal{Q}$			•	
lidland			/02-8	3307					7)	CO eff	ective l		
	PI Numb			-			Pool Nam	e		' Pool Code			
-0 25-			_	Leonar	d Queen,				···		<del></del>	38760	
• • •					roperty Na	perty Name			' Well Number				
	8332			South	Leonard	Unit						4	
or lot no.	Section	e Loca		Range	Lot.Ida	Feet from	- 4h -	I Nambus		Feet from the	East/West lin		
			-		Lotisan	1					East west ma	1	
C	24		.6S	37E		660		noi	rth	1980'	west	Lea	
		n Hole						1				·····	
L or lot no.	Section	Tow	nship	Range	Lot Idn	Feet from the		North/Sc	outh line	Feet from the	East/West iir	e County	
<u> </u>	13.5					1		<u> </u>					
Lac Code	" Proc	lucing Me	Lhod Cod	ie Gas	Connection Da	ite   "C	_	nit Number	"	C-129 Effective	Date "	C-129 Expiration Da	
F		P					n/a		<u></u>	n/a '	<u></u>		
Oil a		is Tran							*				
Transpor			•• 7	Transporter and Addre			" PC	OD	21 O/G	•	POD ULSTR and Descri		
001770		Sun C	Compar	nv. Inc	. (R&M)	12	640					<u> </u>	
021778	5 48 \$1 4.80	P.O.			. (1.011)		<del>21861</del>	<del>1 U</del>	0				
	22.032			Texas 7	9702	in the second							
020809	,	Sid R	Richar	rdson			26403	30	G				
020007	2000				te 2700	523							
	Si of the Case	Fort	Worth	h, Texa	s 76102					<u> </u>			
								7 march					
4 <b>000</b> 000000000000000000000000000000000	**********			<del></del>	· · · · · · · · · · · · · · · · · · ·				*********				
Territoria de la companione de la compan	and the					25000		open in European (1888)	Section decisions				
¥ (2 % )													
7. Prod		Water											
	POD						<sup>14</sup> POD 1	ULSTR Loca	ation and l	Description			
. Well	Com	pletion	Data				<del></del>			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·		
	pud Date			24 Ready	Date	n ID		T	<sup>14</sup> PBTD		2º Perforations		
					:								
······································	* Hole Size		<u> </u>	31 Casing & Tubing Size			<sup>11</sup> Dept		11 Depth S	ı Set		<sup>33</sup> Sacks Cement	
				Casing & Tubing Size						····			
······································				<del> </del>		<del></del>		<del></del>					
				ļ						··-	-	<del></del>	
												· · · · · · · · · · · · · · · · · · ·	
I. Wel	ll Tes	t Data	-		-						<u> </u>	•	
M Date	New Oi	New Oil <sup>36</sup> Gas Delivery Date <sup>36</sup> To		Cest Date		<sup>37</sup> Test Length		M Thg. Pressure		<sup>29</sup> Cag. Pressur			
<sup>40</sup> Choke Size			4i Oil		<sup>4</sup> Water		43 Gas		4 AOF		4 Test Method		
- CB			of the Oil		n Division have omplete to the t	•	ied	(	OIL C	ONSERVA	TION DI	VISION	
I hereby co with and that knowledge ar Signature:	t the info	rmation giv	M	M	Hu	À	App		Ç4	IAL SIONES ARY WIEK ELD REP. II	) BY		
* I hereby co with and that knowledge ar Signature:	t the info	Rand	M all H	<u>uu</u>		<u>}</u>	Title		Ç4	AMY WINK ELD REP. II			
* I hereby co with and that knowledge ar Signature:	t the info nd belief.	Rand Execu	M all H	Hill Office	r	-5045	Title	:	Ç4	ARY WEIK			
I hereby co with and that knowledge ar Signature: Printed name Title: Cl Date:	t the infond belief.  C.  hief  11/4	Rand Execu	M all H tive	Hill Office:	r 915–570		Title	roval Date:	Ç4	AMY WINK ELD REP. II			
I hereby co with and that knowledge ar Signature: Printed name Title: Cl Date:	t the infond belief.  C.  hief  11/4	Rand Execu	M all H tive	Hill Office:	r		Title	roval Date:	Ç4	AMY WINK ELD REP. II			

## 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.

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.
- 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

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
- Б The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- The property name (well name) for this completion 8.
- 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
- 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 gas transporter 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.
- 18. The gas or oil transporter's OGRID number
- 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
  G Gas 21.

- 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 24. well comple (Example: " Tank",etc.)
- 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
- 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.
- 39. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 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
- 45. 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 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.

PART - DO - W

245 S 3 55