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

District II

NO Drawer DD, Artesia, NM 88211-0719

District III

State of New Mexico ergy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION PO Box 2088

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

1000 Rio Brazo District IV	e Rd., Azte	×, NM 87410		Santa	Fe, NM					1F	ZVIVA NO	S Copie ENDED REPORT	
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4,	er .	Pool Nat	me				•	Pool Code					
30 - 0 25-33308			SALADO DRAW - DELAWARE								53420		
' Property Code 15659			AMMONS MADERA							Well Number 4			
II. 10	Surface Section	Location		Ti									
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III. Oil a	Dil and Gas Transpo			1/15/96									
Transpo	rter	17 Transporter Name					OD	11 O/G	2 POD ULSTR Location				
OGRID		and Address							and Description				
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Spud Date 9/25/96 1			" Ready D 0/24/96	מד"		·	" PBTD		1º Perforations				
3/ 23/ 30				Cosino & Tolki	00'					5030-38, 5041-43			
12-1/2"		31 Casing & Tubing Size									s Cement		
7-7/8"			8-5/8" 5-1/2" 15.5#			300' 5214'					<u>5 PP sx circ to surf</u> O PP sx 8% gel		
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44 I hereby certi- with and that the	e informatic	ules of the Oil on given above	Conservation I	Division have be aplete to the bes	en complied		יוֹ	T CON	NSERVAT	י זארן			
knowledge and I Signature:	begief.	01/	1.		•	Approve		COI	JULIC V II				
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Title:

Approval Date:

Printed Name

ANNA M SCHELLING

Previous Operator Signature

REGULATORY ANALYST

DECEMBER 6, 1996 Phone: 915/686-9927 Ext 307 " If this is a change of operator fill in the OGRID number and name of the previous operator

Title:

Date

Title

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 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

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 4.
- The name of the pool for this completion 5.
- The pool code for this pool 6.
- The property code for this completion
- The property name (well name) for this completion 8.
- The well number for this completion 9.
- 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.
- The bottom hole location of this completion
- Lease code from the following table: 12.

S

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 14. gas transporter
- The permit number from the District approved C-129 for this completion 15.
- 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.
- The gas or oil transporter's OGRID number 18.
- 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.)
- 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.
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- Plugback vertical depth 28.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- inside diameter of the well bore 30.
- Outside diameter of the casing and tubing 31.
- 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.

- MO/DA/YR that new oil was first produced 34.
- MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed 36.
- Length in hours of the test 37.
- 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
- Barrels of oil produced during the test 41.
- Barrels of water produced during the test 42.
- MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D 44
- The method used to test the well: 45.

Flowing Pumping Swapbing

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.