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

District II

811 South First, Artesia, NM 88210 District III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION 2040 South Pacheco

State of New Mexico
Energy, Minerals & Natural Resources Department

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

5 Copies

District IV 2040 South Pac	hem Si	ente Fe	NM 8760	•	San	ta Pe, r	NM 8/	3 03			X	AME	NDED REPORT	
I.	neco, 31				LLOWAI	BLE AN	ID AU	THORI	ZATI	ON TO T	RANSP	ORT		
				Operator na	ame and Addres	is		² OGRID Number 147404						
Cobr				Corpo	ration		14/				3 Reason for Filing Code			
Wich	ita	Fa.		Texas	Texas 76307-8206						NW			
*API Number 30 - 0 25 - 33717 Wildcat - Morr							Pool Nam W	e	,	* Pool Code				
	operty					operty Name				' Well Number				
200	35			State 19								1		
			ocation						-					
		24S		Range Lot.Idn 33E		Feet from the 1865		North/South Line North		Feet from the 2165	East/West line East		County Lea	
			ole Loc	cation							<u> </u>			
UL or lot no. Section 13 Lse Code 13 Pro		Township roducing Method (Range	Lot ldn	Feet from	n the	North/South line		Feet from the	East/West line Date 17 C-		County 129 Expiration Date	
				ode 14 Gas	Connection Da	te ^{II} C	-129 Perm			C-129 Effective				
S III. Oil a		F			9/9/97		NA						- <u> </u>	
Transpor		Gas Transporters "Transporter Name					²⁰ POD ²¹ O/G			22 POD ULSTR Location				
OGRID				and Addre	and Address					and Description				
13963	3				nering Place 1	& Pros	Scess 820	ing	G					
				Cheste		Ste			777					
		114		3 00	0011	2								
	Englewood, CO 80112													
			Gulfmark Energy Inc.					156	0					
		PO Box 844 Houston, TX 77001							*					
														
	75.70,													
IV. Produ	POD	Wate	:r		·····		M mon en							
282F	75	8					rop of	STR Location	and D	Pescription				
		letio	n Data											
²⁵ Spud		* Ready Date				"TD		* PBTD		"Perforations 15,174'-15		DHC, DC,MC		
1/31/97		Sim-	9/	/24/97		15,966'		15,460			'-15,	384		
2			20"	using & Tubing Size		³³ Depth Se		•	110		s Cement			
1		1.3		3 / 8 "	3 3/8"		5022'				0 sa			
12½"					9 5/8"		12480'			4225 sacks 2250 sacks				
8½"						7 5/8"		12,152' -				20 sacks		
VI. Well Test Data			 l	2 7/8"						15,549	92	:0 sa	acks	
B Date No			" Ges D	elivery Date		st Date	1	15,0		" Tbg. P	ressure		* Cag. Pressure	
9 / 25 / 97 " Choke Size			9/25/97					24 hrs		78	0	3900		
24/64		7			0					4 AOF 2000		** Test Method F		
T I hereby certification with and that the knowledge and I Signature:	e inform	ne rules ation gi	of the Oil	Conservation D	Pivision have been plete to the best	n complied of my	Approve	ORIGINA	L SIGN	NSERVAT MED BY CHRI OT I SUPERV	IS WILLI	IVISI AMS	ON	
Printed name: Rory Edwards Title:								Title:						
Production Supervisor								Approval Date: F8 0 5 1998						
	/1/9			Phone:	940) 71	L6-510	b			<u> </u>				
" If this is a cl	bange of	opera:	tor fill in ti	be OGRID nu	mber and name	of the pres	rious oper	tor						
	Previo	ша Оре	rator Signs	Mure			Printe	d Name -		·	Tid	e ·	Date	

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.

- 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 (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.

- 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.
- 11. The bottom hole location of this completion
- 12. Lease code from the following table:

Federal State

NU

State
Fee
Jicarilla
Navajo
Ute Mountain Ute
Other Indian Tribe

13.

- The producing method code from the following table: F Flowing Pumping or other artificial lift
- 14. MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this
- 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 Oil
 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.
- 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.)
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- Total vertical depth of the well 27.
- 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. 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

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 35.
- MO/DA/YR that gas was first produced into a pipeline 36.
- 37. MO/DA/YR that the following test was completed
- 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
- Barrels of water produced during the test
- 44. MCF of gas produced during the test
- 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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