District I PO Box 1966, Hobbs, NM 22241-1960

State of New Mexico

State of New Mexico

Natural Resources Department

Form C-104 Revised February 21, 1994

Submit to Appropriate District Office

Instructions on back

District II PO Drawer DD, Artesia, NM 88211-0719

District III

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

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- 1	AMENDED	DEDART
- 1	AMENDED	REPURI

5 Copies

1000 Rie Brazes Rd., Aziec, NM 87410 District IV

PO Box 2008, Santa Fe, NM 87504-2008

Previous Operator Signature

I.	R	EQUES	r for a	LLOWA	BLE A	ND AU	JTHOI	RIZAT	ION TO TR	RANS	PORT	•		
Operator name and Address									² OGRID Number ¹					
Gruy Petroleum Management Co.									162683					
P. O. Box 140907 Irving, Texas 75014-0907									Reason for Filing Code					
		014-0907							V_Reque	st for (
20 205 04400						•	Pool Name Pool Code							
				- Yates - 7 Rvrs					33820					
	•					Property Na			* Well Number					
	21823	Location		State					4					
Ul or lot no.	Section .	Township	Range	Los Ida	Feet fro	m the North/South Line		Feet from the	East/West line		County			
D	2	24S	36E	$\left(\begin{array}{c} A \end{array} \right)$	3	30'	No	rth	330'	West		Lea		
		Hole Lo		4	1 3		1		330			Lea		
UL or lot no.	Section	Township	Range	Let Idn	Feet fre	m the	North/S	South line	Feet from the	East/V	Vest Line	County		
				·								-		
12 Lee Code	13 Producis	ng Method C	ode 14 Gas	Connection Date		C-129 Perm	-129 Permit Number		C-129 Effective I	Date	" c.	129 Expiration Date		
S		P	10)/21/98					_					
III. Oil aı														
"Transpor OGRID	ter	14	Transporter ! and Addres			³⁰ PO	D	31 O/G	22 POD ULSTR Location and Description					
20809		· · · · · · ·			=	2822	707	6						
20000	Si	d Richard	ison				1 (3)						
										 -				
15694	Na Na	avajo Refi	ning Co. P	ipeline	2	822	792	0	 ·					
8888E														
							12128100			···				
Maria de Caracteria de Car					200.00									
									· · · · · · · · · · · · · · · · · · ·					
IV. Produ		ter		-		· ·		_						
2822	700					POD UI	STR Loca	ition and D	escription					
V. Well (ion Data												
	d Date	ion Data	2º Ready Da	nte.	T	" TD	²⁷ TD 22 PBTD 25 Perforations							
			1								Perforations			
8/15/98 ** Hole Size		l	10/21/98 31 Casing & Tubing Size			3783' Depth Se						73' - 3203'		
12-1/4"			8-5/8"			771'				575 s>	**************************************			
7-7/8"			5-1/2"			3873'			600 sx					
		2-3/8"								JUU 5X				
			2-3/6			3133'								
VI. Well	Test Da	ta	<u> </u>											
Date No.			elivery Date	<u> </u>	Test Date		" Test L	rneth	NTL IL			" Cag. Pressure		
11-1-98 10-2						24 hrs		Tbg. Pressure		32				
** Choke Size					Water			4	# AOF		45 Test Method			
25/64"			3				116			•		Р		
" I hereby certif	fy that the ru	les of the Oil	Conservation D	ivision have t	een complied				<u> </u>	 				
with and that the knowledge and I		given above	is true and com	plete to the be	est of my		0	IL CO	NSERVAT	ION I	DIVIS	ION		
Signature:	/	~ N	na.			Approve	ed by:	ORIG	ilnat etelted	1200	시 (2) (G. 14	111 1 1 1 1 1 2 2 .		
Printed name: Super Morre							Approved by: ORIGINAL SERVED OF CHOIS WILLIAMS DISTERNAL SUPERIVISOR							
Susan Morse / Title: Energy Production Analyst						Approval Date:								
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"If this is a cl	mber 15,			72) 401-3		<u> </u>	·							
	Fc at also		"* ANTO BE	and Dâl	me or rise but	vious operi	NOT							

Printed Name

Title

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.

- 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 vo requested)

If for any other reason write that reason in this box. allowable (include volume

- 4. The API number of this well
- Б. The name of the pool for this completion
- 6. The pool code for this pool
- 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. If the
- 11. The bottom hole location of this completion
- Lease code from the following table: Federal 12.

S

State Fee Jicarilla

Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table:
F Flowing
P Pumping or other artificial lift 13.

- 14. MO/DA/YR that this completion was first connected to a
- 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 completion 17.
- 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.) 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
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29
- 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
- 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
- 45. The method used to test the well:

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.