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

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State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994

5 Copies

70 Drawer DD, Artesia, NM 88211-0719

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088 Instructions on back
Submit to Appropriate District Office

District III

District II

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

O Box 2083, S.				T T (\)\\\	DT TO 4.3							NDED REPORT		
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SIDNEY LANIER c/o OIL REPORTS & GAS SERVICES, INC.							OGRID Number							
c/o OI: POST O	•					020812 Reason for Filing Code								
HOBBS,														
, Y	Pi Number			***************************************		Pool Name CO EFFECTIVE 02/01/96								
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Transpor														
OGRID		" Transporter Name and Address				<sup>14</sup> POD <sup>21</sup>		" O/G	•		OD ULSTR Location and Description			
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						<sup>4</sup> Gas		4 AOF			Test Method			
I bereby ceruit	y that the ru	les of the Oil	Conservation Di	vision have bee	a complied	حصلح				فيور إمالا من				
I hereby certify that the rules of the Oil Conservation Division have been complied ith and that the information given above is true and complete to the best of my nowledge and belief.							ONE CONSERVATION DIVISION							
Granice Alen Holle							Approved by: FIELD REP. II							
rinted name:	<del>~~~</del>	· · · · · · ·	0000			Title:								
LAREN HOLLER Fille: AGENT														
AGEN1 01/19/96			Phone: /=	Approval Date: JAN 2 4 1996										
If this is a change of operator fill in the OGRID number and name of the prev														
	dia as obs	- in-es. 1717 JW (	es vukid ben	noer and name	of the prev	iouo operat	<b>95</b> ~							
	Previous O	perator Sign	latere			Polosta	d Name							

## New Mexico Oil Conservation Division C-104 Instructions

## IF THIS IS AN AMENDED REPORT, CHECK THE BOX LARLED "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 ellowable 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

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.

separate C-104 must be filed for each pool in a multiple

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.
- 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.

- 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:

FSP

Federal State

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.
- MO/DA/YR that this completion was first connected to a 14. gas transporter
- 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.
- 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
- MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. Plughack vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. Inside diameter of the well bore
- 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.

- 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.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- Berrels of oil produced during the test 41.
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- Cas well calculated absolute open flow in MCF/D 44
- 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.

