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

Form C-104 Revised October 18, 1994 Instructions on back fice pies

SOUTHWEST ROYA P 0 BOX 11390 MIDLAND TX 797  API Number 30 - 0 25-09758  Property Code 18087  I. 10 Surface Loc Ul or lot no. Section P 13  11 Bottom Hole UL or lot no. Section Tov UL or lot no. Section Tov P 13	OUEST FOR Operator ALTIES INC  O2  JALMA SHOLE Cation Viship Range 25S 36E	ALLOWA  name and Addre  T TANSIL  S A  Lot.Idn	BLE ess	Fool Nam S SEVEN Property Na	THORI	$\mathcal{O}$	O2 AO Eff	RANSPOR OGRID Num 1355 Reason for Filin ective 4/9	g Code 96 Pool Code	
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12 Lsc Code 12 Producing Me	rnship Range				3000		000	East	Lea	
F	1	Lot Idn	Feet f	rom the	North/Sout	h line	Feet from the	East/West line	County	
7 611	thod Code 14 Gas	Connection Dat	te 15	C-129 Permi	Number	10	C-129 Effective D	ate 17 C-1	29 Expiration Da	
<ol> <li>Oil and Gas Tran</li> </ol>	sporters	-		·						
Transporter OGRID	" Transporter			* POD	21	O/G	22	POD III own -		
	and Address				and Description			ation 1		
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020809 SID F	RICHARDSON G	SASOLINE (	CO.	220023						
FORTH WORTH TX 76102				2200230	) (	G			_	
. Produced Water										
<sup>17</sup> <b>гор</b> 2200250			· · · · · · · · · · · · · · · · · · ·	POD ULST	R Location a	nd Desc	ription			
Well Completion D	ata									
B Spud Date	24 Ready Date	7	† TD	<del></del>	28 PBTD		29 Perforation			
31 Hole Size					_		***************************************		OHC, DC,MC	
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Well Test Data					<del></del>					
	s Delivery Date	37 Test D	ate	38 T	est Length	1	" Tbg. Pressu	re # C	Ssg. Pressure	
1 Choke Size	42 Oil	43 Wate	:r		44 Gas		45 AOF	47	Test Method	
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Regulatory Analyst Sept 30, 97 Phone:915/686-9927 Ext				Approval Date: MAY 0 8 1095						
	Phone: 915/	b86-9927	Ext	307				· · · · · · · · · · · · · · · · · · ·		
his is a change of operator fill in	une OGKID number	r and name of the	he previo	us operator						

State of New Mexico Energy, Minerals & Natural Resources Department

## 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.

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

Improperly filled out or incomplete forms may be returned to operators unapproved.

- Operator's name and address 1.
- 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.

- The API number of this well 4.
- The name of the pool for this completion 5.
- 6. The pool code for this pool
- The property code for this completion 7.
- The property name (well name) for this completion 8.
- The well number for this completion q.
- 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 11.
- Lease code from the following table: 12.

SPJNUL

- rederal 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.
- 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.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this completion 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: 21.

Oil 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.
- 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 26.
- 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.
- 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.

- 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 34.

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.
- MO/DA/YR that the following test was completed 37.
- 38. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- Diameter of the choke used in the test 41.
- 42. Barrels of oil produced during the test
- Barrels of water produced during the test 43.
- 44. MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D 45.
- The method used to test the well: 46.

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.