District i PO Box 1980, Hobbs, NM 88241-1980 District II

PO Drawer DD, Artesia, NM \$8211-0719 District III

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

State of New Mexico

aergy, Minerals & Natural Resources Department

Form C-104

1000 Rie Brazos Rd., Aztec, NM 87418 District IV

Revised February 10, 1994
Instructions on back Submit to Appropriate District Office
5 Copies

District IV PO Box 20 68 , S	lanta Pa	V2.4 eq	784 9000		Jun	. 0, 111	2 0150	T-2000] AMI	ENDED REPO		
I.	Marie de la company			FOR A	LLOWAE	BLE A	ND AL	JTHOR	IZAT	ION TO T	RANS	PORT	•		
			•	Operator na	me and Addres	•		7 1 1 1 0 1		1011 10 11		ID Numb			
CHANCE					_				•		0040	058			
c/o Oil Reports & Gas Services, Inc. P. O. 755										⁵ Reason for Filing Code					
Hobbs, NM 88241								CO 9/27/95							
••								Pool Name				4 Pool Code			
			Lang.	glie Mattix SR-QU-GB				37240			7240				
' Property Code 002513				Property Name						'Well Number					
II. 10 Surface Location				Federal "A"									2		
Ul or lot no. Sectio			owaship	Range	Lot.ldn	Feet from	a the	North/Sc	uth Line	Feet from the	East/West line		County		
в 14		İ	25S	37E		4:	430		th	2310	East		Lea		
11]	Bottor	n Ho	le Loc	ation	L	<u> </u>		<u> </u>				1			
UL or lot no. Secti		_	owaship	Range	Lot Ida	Feet fro	m the	North/S	outh line	Feet from the	East/West line		County		
В	14		25S	37E		4:	30	North		2310	Ea	st	Lea		
12 Lae Code	13 Proc	ducing N	ng Method Code 14 Gas Connection Date		te 15 (C-129 Perm	rmit Number		C-129 Effective 1	Date 17 C-1		129 Expiration D			
F	<u> </u>	P	····		/18/59										
III. Oil a	nd Ga	is Tr			 			·							
OGRID	rver	" Transporter Name and Address					" POD " 0/G			²² POD ULSTR Location and Description					
018053		Prid	Pride Pipeline Co.					0702210 0		B-14-25S-37E					
	40.00		Box	2436 TX 79604	1	70	A. 8. 7. 69		Sec. 54.5%	·					
02000	Accessed	Sid I	Richards	son Gasol			ss committee								
020809 1st C		City Bank Tower Main Street				0702230 G			A-14-25S-37E						
				. TX 7610	2	2									
	in Could														
															
Marity Comme						2.75	o (place)		Minister 19						
IV. Produ	iced \	Water	•												
	POD		1	· · · · · · · · · · · · · · · · · · ·	·		™ POD UI	STR Locat	ion and D	escription					
										•					
V. Well (letior	n Data										<u> </u>		
" Spud Date			M Ready D	ate		r TD			²⁶ PBTD		20 Perforations				
		-													
³⁰ Hole Size				31 Casing & Tubing Size			³² Depth Set					35 Sacks Cement			
						····		·	·						
								· · · · · · · · · · · · · · · · · · ·							
77 *** 44	<u> </u>														
VI. Well ** Date N		Data T	¥ C 5 :	the D								-			
Date New On		- Gas		Delivery Date × Test Date		t Date	of Test Length		³ Tbg. Pressure		" Csg. Pressure				
" Choke Size		44 OII			4 Water		4 Gas		" AOF		4 Test Method				
								U		70	•		1 est Method		
" I bereby certif	fy that th	e rules o	f the Oil C	conservation D	ivision have been	n complied									
with and that the knowledge and I	e informa belief:	tion give	en above is	true and com	olete to the best	of my		OI	L CO	NSERVATI	ON I	IVISI	ЮИ		
Signature:	SOL)	11	n. 1	sell.	'/ '_		Approve	O I	211 41 M M	L SIGNED BY STRICT I SUPE	. ,				
Printed name:	Lare	n Ho	ller				Title:								
Title:	Agen						Approva	Date:				በቦተ	0 / 400=		
Date: 09/2				Phone: c	05-302-0	727	 	··			· · · · · · · · · · · · · · · · · · ·	OCT	0 = 153 3		
09/2		operate	r (III la the	ت	05-393-2 ober and name		doue area	les							
						~ —a lugi	vpcia								
	Previou	o Opera	ntor Signat	ure			Printe	d Name			Ti	lle	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 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

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)

request for test anowable (include vor 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 Б.
- The pool code for this pool 6.
- The property code for this completion 7.
- 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 11.
- Lease code from the following table:
 F Federal
 S State
 P Fee 12.

Jicarilla

Navajo Ute Mountain Ute Other Indian Tribe

- The producing method code from the following table: F Flowing 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.
- 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.
- 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.) 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
- Total vertical depth of the well 27.
- Plugback vertical depth 28.
- 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
- 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
- 35 MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed 36.
- 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
- MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D 44.
- The method used to test the well:
 F Flowing
 P Pumping
 S Swabbing 45.

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.

