District II

State of New Mexico
Energy, Minerals & Natural Resources Department

rorm C-104 Revised February 10, 1994

Instructions on back Submit to Appropriate District Office

20 Drawer DD, Artesia, NM \$2211-0719 District III 1000 Pla Resma Pd., Arter, NM 27418

OIL CONSERVATION DIVISION PO Box 2088

1000 Rie Brazo	ı Rd., Aze	w. NM 27418		04-		x 2088						5 Copies	
District IV				Santa	re, Ni	M 87504	1-2088			_	l am	ENDED REPORT	
PO Boz 2008, S I.				1 1 033 7 A 1	DT 177 A	NT 47	******	TCV A CCC	/A\/ ma m				
<u>. </u>		reçues	Operator na	ne and Addre	DLE A	JA UM	THOK	UZAT	ON TO TE				
CHANCE PROPERTIES											OGRID Number		
c̃/o Oil Reports & Gas Services, Inc.											Resson for Filing Code		
P. O. B													
Hobbs, NM 88241 API Number							Pool Name				06/01/96		
30 - 0 25-		7						⁴ Pool Code 37240					
¹ Pr	operty Co	de	Langlie Mattix SR-QU-GB Property Name							Well Number			
00251	3		Federal "A"								**	1	
I. 10 S	Surface	Location											
Ul or lot no.	Section	Towaship	Range	Lot.Ida	Feet In	om the	North/Sc	outh Line	Feet from the	East/W	et line	County	
A	14	25S	37E		56	50	North	,	330 East		Lea		
11 1	Bottom	Hole Lo								Las		nea	
UL or lot no. Section Townshi				Feet fa	Feet from the		outh line	Feet from the	Fast/W/	East/West line County			
A	14	258	37E		56	50	North		330		East Lea		
11 Lee Code	13 Produ	cing Method (Code H Gas	Connection De		C-129 Perm	<u> </u>		C-129 Effective I	<u> </u>		129 Expiration Date	
F		P		/17/58					0-127 (2100110)		-	say mapered Date	
III. Oil and Gas Transporters													
" Transporter			17 Transporter Name				D	²¹ O/G	# POD ULSTR Location				
OGRID		COUL OTT	and Address							and Description			
012832 1		OCH OIL O. BOX	DIL COMPANY			0702210		0	A-14-25S-37E				
7 4 5 4 6 4 7 4 3 7 F 32 4 F 12 12 P 20 14 E 20 1			, KS 67201-2256			1718 60	23.6	130.34					
020809 Sid		Sid Richar	Richardson Gasoline Co.				www.vs.ori	20000000000000000000000000000000000000					
STEPHEN CONTROL 20		1st City Bank Tower				070223		G	A-14-25S-37E				
			h, TX 76102	2									
											¥	. •	
33333						in in the same							
						Ones and	About National Control of About 19 and 19					••	
	15 15 15 15 15 15 15 15 15 15 15 15 15 1	····			2 X X								
	iced V	Vater											
• 1	POD					POD U	STR Loca	tion and I	ecription				
1													
		etion Dat		· · · · · · · · · · · · · · · · · · ·									
H Spud Date			M Ready Date		'		" TD		" PBTD		≫ Perferations		
³⁶ Hole Size													
 	Hole 21	2£	31 Casing & Tubing Size					Depth Se			* Saci	s Cement	
		····											
	····		_										
										•			
VI. Well	Test I	Data							· · · · · · · · · · · · · · · · · · ·	*****			
M Date New Oil		^M Gas	Delivery Date	» T	mt Date	T	" Test La	nglb	" Tog. Pressure		7	30 Cag. Pressure	
				<u> </u>									
" Choke Size			4 OII 4		Water		್ Gas		" AOF			" Test Method	
" I bereby certi	fy that the	rules of the Oi	Conservation D	ivision have be	en complic	d	^:						
with and that the information given above is true and complete to the best of my knowledge and belief							OIL CONSERVATION DIVISION UNIGHAL SIGNED BY JERRY SEXTON						
Signature: Heard							Approved by: DISTRICT I SUPERVISOR						
Printed same:							Title:						
GAYE HEARD Tide:						A ====	Approval Date: MAV 9 3 1005						
М.	ANAGEI		Pa	~ Abion	Approval Date: MAY 2 3 1995								
	/22/90		17000e: 50	5-393-2	727								
It styre in a cj	rante of c	operator III la	the OGRID au	nber and nam	e of the pe	revious oper	ter						
	Previou	o Operator Sig	nature			D-1-1	ed Name			Ti	la .		
						rat	414414			111	44	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 ell volumes to the nearest whole barrel.

A request for allowable for a newly drilled or despend well must be accompanied by a tabulation of the deviation tests conducted in accordance with fluie 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.
- 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. 3.
- 4. The API number of this well
- 6. The name of the pool for this completion
- R. The pool sade for this pool
- The property code for this completion
- 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.
- The bottom hole location of this completion 11.
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla 12. NU Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table:
 F Flowing
 P 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.
- 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
- 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 Gae 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
- 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.
- 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 bottom. 32.
- Number of eacks 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/DAYR that new oil was first produced 34.
- 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
- 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
- The method used to test the well:

 F Flowing
 P Pumping
 S Swabbing
 If other method please write it in. 45.
- 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 48.
- 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.