District   PO Box 1980, Hobbs,	En	State Of New Mexico Energy, Minerals and Natural Resources						Form C-1			
District II				eryy, minorais a				riment	Subr	Revised October 18, 196 Instructions on b It to Appropriate District Of	
811 South 1st, Artesis District III	NM 88210		01	CONSE	RVAT		יפועור		CLL (	5 Copie	
1000 Rio Bravos Rd. Aztec, NM 87410				OIL CONSERVATION DIVISI 2040 South Pacheco			UN	[]			
District IV 2040 South Pacheco, Santa Fe NM 87505				Santa	Santa Fe, NM 87505				AM	ended report	
	REQL	JEST	FOR A			ΔΙΙΤΗ		ΔΤΙΩΝΙ	TO TRANS	POPT	
			1. Operator ne	ime and Address		AUT			2. OGRID N		
c/o OIL REPORTS & GAS SERVICES, INC P. O. BOX 755						C.			004058		
HOBBS, NEW MEXICO 88241									3. Reason for Filing Code		
								Co-	EFFECTIVE 09/01	/98	
4. API Nun 30 025 2					5. Pool Name GLIE MATTIX SR-QU-GB				6. Pool	Code	
7. Property	8. Property Name							37240 9. Well Number			
0025		THOMAS							#002		
I. 10. S Jt or lot not Section	I Township		ion T. Lot. Idn. T	Feet from the	his at						
K 17	245		1 1	1980	SOL	VSouth Line Jth	Feet from 23		East/West Line West	Lea	
		Hole L	ocation					<u> </u>		LOA	
K 17	Township 24S	Range 37E	Lot. Idn.	Feet from the 1980	North SOL	/South Line	Feet from 23		East/West Line	County	
12. La Com 13. Produdag M	lothed Cada	0/2	14. One Connection De	15. C-129 1	Formit Number		LO 14 C-129 Billooth		West	Beelensies Data	
P Shut			11/17/7								
I. Oil a	and Ga		Isporter	and the second		20 POD	T	01 010 L			
OGRID	WESTT	and Address WEST TEXAS CRUDE OIL TRANSPORT, INC				20 PCD		21 O/G		ULSTR Location	
171771	P. O.	P. O. BOX 1119			. 0702810		10	0	K-17	-24S-37E	
	KERN	AIT, TX 7	9745								
020809	SID RIC	CHARDSON GASOLINE CO.						G			
020809	NORTH, TX 76102				0702830			K-17-24S-37E			
	 									·····	
									1		
/. Produce	d Wate	r									
23 POD				24 POD ULS	TH Location	n and Descrip	ntion			· · · · · · · · · · · · · · · · · · ·	
. Well Cor	nnletio	n Data	<u> </u>			·····		·····			
25 Spud Date		26 Ready Date		27 TD 28 PB		D	29 Perforations	30 DHC, DCMC			
Of Hale Size											
31 Hole Size			32	Casing & Tubing Size			33 Depth S	Set		24 Sacks Cement	
			<u> </u>								
	·· <u>··</u> ·····						<u> </u>	·			
	,							······			
I. Well Tes 35 Date New			R Ges Deliver	<u>Dyn</u>	77	·····					
33 Date 1999	V Un				7 Test Date	est Date 38 Test Length			39 Tbg. Pressure	40 Csg. Pressure	
41 Choke S	Bize				43 Water	3 Water 44 Gas			45 AOF	46 Test Method	
I hereby certify that	the rules of (	)il Consense	tion Division he	ve been complied							
vithand that the information in the information of	mation given	above is tru	e and complete	to the best my				OILCOIS	ERVATION DIVISION		
ignature: Alger Alger d						Approved by: ORIGINAL SIGNED ITY CHRIS WILLIAMS					
rinted Name:	yee	14-4	aro	×		Tite:		DISTRI	OT I SUPERVISO	DR	
	HEAR	D									
						Approval De	ite:		AUG 2 5 1998		
AGEN	1		Ph	one:					AUG	2 9 1990	
08/10/			(5	05) 393–2 <sup>-</sup>							
If this is a change of	f operator fill	in the OGRI	D number and r	ame of the previous (	opera tor						
Previous Op	erator Signat	ure		Pr	rinted Name		· · · · · ·	Title		Date	
	<i>~</i>							****	-	Jaid	

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## 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.

3.

12.

- 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

    - 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
- 5 The name of the pool for this completion
- The pool code for this pool 6.
- 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
  - ease code from the following table: Federal State
    - SP
      - Fee Jicarilla
    - Ň
    - Navajo Ute Mountain Ute Other Indian Tribe
- 13. The producing method code from the following table: Flowing Pumping or other artificial lift Þ
- MO/DA/YR that this completion was first connected to a gas transporter 14.
- 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
  - 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.
  - Product code from the following table: O Oli G Gas 21.
  - The ULSTR location of this POD If it is different from the well completion location and a shert description of the POD (Example: "Bettery A", "Jones CID",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 POP has no number the distict office will essign a number and write it here. 23.
  - The ULSTR location of this POD F it is different from the well completion location and a shot description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
  - MO/DA/YR drilling commenced 25.
  - 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 inthis well bore, or 'MC' if there are more than three non-commingled completions in this well bore. 30.

- 31. inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and
- 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.
- 36. MO/DA/YR that gas was first produced into a pipeline
- 37. MO/DA/YR that the following test was completed
- 38. Length in hours of the test
- Flowing tubing pressure all wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- 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: F Flowing P Pumping S Swebbing 46.

- 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
- 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.

