District I PO Box 1960, Hobbs, NM 88241-1960 District II

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994

137. 11. 14.0

NO Drawer DD, Artesia, NM 88211-0719 District III

OIL CONSERVATION DIVISION

Instructions on back Submit to Appropriate District Office

1000 Rio Brazo	Rd., Arto	c, NM 87410		Santa I	PO	Box 2088	1 2000					5 Copies		
District IV			Santa Fe, NM 87504-2088								7 AM	ended report		
PO Boz 20 61, S T			T 707 4							_				
I.	1	ŒQUES".	FOR A	LLOWAB	LE	AND AU	THOR	TASE	ION TO TR					
CHANCE	PROPER	TTES	Operator ma	me and Address		³ OGRID Number					er -			
c/o Oil Reports & Gas Services, Inc.											004058			
P. O. B	_							•	Resson for Filing Code					
Hobbs,	NM 882	41							co	0.6	/07 /0	_		
⁴ API Number							Pool Name				06/01/96 'Pool Code			
30 - 0 25 -	25658	•	Langlie Mat				SR-QU-	GB		37240				
¹ Pr	operty Cod	ke	Property Name											
00252		ĺ	Thomas								. 11	/ell Number		
		Location									2			
Ul or lot no. Section		Township				from the North/South Line								
		1	1	Livina	, ca	TOW DE	, , , , , , , , , , , , , , , , , , , ,		th Line Feet from the		cet line	County		
K	17	24S	37E			1980	80 Sout		2310	West		Lea		
		Hole Lo	cation											
UL or lot zo.	no. Section Township Range Lot Idn F				Fœ	t from the	North/S	outh line	Feet from the East/West line County					
К	17 24S		37E	'E		1980	South		2310	West		·		
12 Lee Code	13 Produc	ing Method C	ode 14 Gas	Connection Dat	٠	" C-129 Perm			C-129 Effective I	1		Lea 129 Expiration Date		
P		P		11/17/77					MINUTE			· · · · · · · · · · · · · · · · · · ·		
III. Oil a	nd Gas			/-///		·					<u> </u>			
"Transpos				Nome.		" PO								
OGRID			Transporter Name and Address				Ь	31 O/G	²³ POD ULSTR Location and Description					
012852 KG		OCH OIL COMPANY				0702810								
012032		O. BOX 2256					. U	0	K-17-24S-37E					
			KS 67201-2256											
		dson Gasoline Co.			070283	Ω	G	Y_17_	245-3	7 F				
1st City 201 Main		st City Ba Ol Main St	ank Tower					3	K-17-24S-37E					
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							ANSWERS OF							
W D J		- 4												
	rod W	ater												
•	rob					" POD UL	STR Loca	tion and D	escription					
	·													
V. Well (Comple	tion Data												
Sp	d Date		34 Ready D	ate		מד יי			[™] PBTD		3	Perforations		
™ Hole Size			и (<u> </u>	Depth Set		²⁶ Sacks Cement						
			 						Sicil Cement					
			-											
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VI. Well	Test D	ata	1							************	• •	··		
Date N			clivery Date	7	. 5									
D-100 [11		J 32.5	COVERY DATE	" Tes	l Date	·	" Test Le	ngth	" Tog. Pro	esu pe		" Cag. Pressure		
" Choke Size		•	41 Oil 44 Wal				4 Gu		. " AOF			4 Test Method		
												•		
" I hereby certif	y that the r	ules of the Oil	Conservation D	ivision have been	com	plied								
with and that the knowledge and i	s informatio	n given above i	is true and com	of my		OIL CONSERVATION DIVISION								
Signature:	1	41000	1			ORIGINAL SIGNED BY JERRY SEXTON								
Mux offers							Approved by: DISTRICT 1 SUPERVISOR							
Printed name	GAYE	HEARD			Tide:	Tide:								
Tide:	Manag	ger		···	Approva	Approval Date:								
Date: OF			Phone: E	·		MAY 9 3 1996								
- 0.	5/22/96		<u> </u>	05-393-27										
" II this is a cl	sange of op	erstor fill in ti	he OGRID nu	mber and name	of the	previous opera	lor							
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	4 4 64 10 48	Operator Sign	=1014			Printe	d Name			π	Lle	Date		
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IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gae 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.

- 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
- 8. 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
- 10. 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.
- 11. The bottom hole location of this completion
- 12. Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla
 N Navajo
 U Ute Mountain Ute
 i Other Indian Tribe
- 13. The producing method code from the following table:
 Formula Flowing
 Pumping or other artificial lift
- 14. MO/DA/YR that this completion was first connected to a gas transporter
- 15. The permit number from the District approved C-129 for this completion
- 16. MO/DA/YR of the C-129 approval for this completion
- 17. MO/DA/YR of the expiration of C-129 approval for this completion
- 18. The gas of oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- 20. 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.
- 21. Product code from the following table:
 O Oil
 Q Qae

- 22. 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.)
- 23. 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.
- 24. 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.)
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- 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 bottom.
- 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
- 38. 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. 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
- 45. The method used to test the well:
 F Flowing
 P Pumping
 S Swabbing
 If other method please write it in.
- 48. 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