

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
gy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-104
Revised October 18, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address BURLINGTON RESOURCES OIL & GAS COMPANY P. O. BOX 51810 MIDLAND, TEXAS 79710-1810		² OGRID Number 26485	
⁴ API Number 30331 30-0 25-0331		³ Reason for Filing Code RC	
⁵ Pool Name Fairview Mills WILDCAT (STRAWN) GAS 11/1/99		⁶ Pool Code 96814	
⁷ Property Code 014332		⁸ Property Name PITCHFORK "4" FEDERAL	
		⁹ Well Number 2	

II. ¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
K	4	25S	34E		1830	SOUTH	1980	WEST	LEA

¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
K	4	25S	34E		2205	SOUTH	2039	WEST	LEA
¹² Lse Code F	¹³ Producing Method Code F		¹⁴ Gas Connection Date 5-12-98		¹⁵ C-129 Permit Number		¹⁶ C-129 Effective Date		¹⁷ C-129 Expiration Date

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	²¹ O/G	²² POD ULSTR Location and Description
026485	BURLINGTON RESOURCES OIL & GAS CO. P. O. BOX 4239 HOUSTON, TEXAS 77210-4239	1326150	G	METER IS ON LOCATION K, SEC. 9, T25S, R34E
020445	SCURLOCK PERMIAN CORPORATION 333 CLAY ST., STE. 2900 HOUSTON, TEXAS 77002	1326110	0	TANKS ARE ON LOCATION K, SEC. 9, T25S, R34E

IV. Produced Water

²³ POD 1326150	²⁴ POD ULSTR Location and Description WATER GOING TO CHANCE PROPERTIES WEST JAL SWD, SEC. 10, T25S, R36E, LEA CO.NM
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V. Well Completion Data

²⁵ Spud Date 4-24-88	²⁶ Ready Date 5-7-98	²⁷ TD 13,955' MD	²⁸ PBTB 13,880' MD	²⁹ Perforations 13,701'-13,880' 13,546'-13,604'	³⁰ DHC, DC, MC DHC-1774
³¹ Hole Size 17-1/2"	³² Casing & Tubing Size 13-3/8"-EXISTING	³³ Depth Set 620'	³⁴ Sacks Cement 650 SXS		
12-1/4"	9-5/8"-EXISTING	5150'	2200 SXS		
7-7/8"	7"-EXISTING	13,330'	1750 SXS		
6"	4-1/2" LINER	12,495'-13,954	250 SXS		

VI. Well Test Data COMBINED PRODUCTION IS 150 BO, 12 BW, 1389 AOF-STRAWN ALLOCATED 35% OF PROD.

³⁵ Date New Oil 5-9-98	³⁶ Gas Delivery Date 5-12-98	³⁷ Test Date 5-12-98	³⁸ Test Length 24 HRS	³⁹ Tbg. Pressure 2360	⁴⁰ Csg. Pressure 0-PKR
⁴¹ Choke Size 11/64"	⁴² Oil 52 150	⁴³ Water 4 12	⁴⁴ Gas	⁴⁵ AOF 489 1389	⁴⁶ Test Method FLOWING

⁴⁷ I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: <i>Maria L. Perez</i>	OIL CONSERVATION DIVISION	
Printed name: MARIA L. PEREZ	Approved by:	
Title: REGULATORY REPRESENTATIVE	Title: DISTRICT 1 SUPERVISOR	
Date: 5-21-98	Approval Date: JUN 01 1998	
Phone: 915-688-6906		

⁴⁸ If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date
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**New Mexico Oil Conservation Division
C-104 Instructions**

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT.

Report all gas volumes at 15.025 PSIA at 60 degrees.
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
2. 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 (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.
4. The API number of this well
5. The name of the pool for this completion
6. 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 number 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 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
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 or oil transporter's OGRID number
19. Name and address of 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
G Gas
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 the POD has no number the district office will assign a number and write it here.
24. The USLTR 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. 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.

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 bottom

34. 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.

35. MO/DA/YR that new oil was first produced

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

39. Flowing casing pressure - oil wells
Shut-in casing pressure - gas wells

40. Flowing casing pressure - oil wells
Shut-in casing pressure - gas wells

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

45. Gas well calculated absolute open flow in MCF/D

46. The method used to test the well:
F Flowing
P Pumping
S Swabbing
If other method please write it in.

47. 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.

MAJ 1989
Received
Hobbs
OCD