District I

PO Box 1980, Hobbs, NM 88241-1980

District II PO Drawer DD, Artesia, NM 88211-0719 District III

District IV
2040 South Pacheco, Santa Fe, NM, 87505

State of New Mexico
Er , 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

Title

AMENDED REPORT

nstrict 19 2040 South Pacheco,	, Santa Fe, N	M 87505								Ш	AME	NDED REPORT		
Ι.	F	EQUEST	FOR A	LLOWAB	LE AN	D AU	J <b>THOR</b>	IZAT	TON TO TR	ANSI	PORT	•		
<sup>1</sup> Operator name and Address										<sup>2</sup> OGRID Number				
BURLINGTON RESOURCES OIL & GAS COMPANY											26485			
P. O. BOX 51810							3 F				eason for Filing Code			
MIDLAND, TEXAS 79705							5 Pool Name				Reclass			
4 API Number							me				۰P	ool Code		
20 0 10 / 2						IS AB				34170				
<sup>7</sup> Prop	perty Code		8 Property Name							9 Well Number				
	21125		JUSTIS "25" FEDERAL								<del></del>	1		
				7 - 71	Frat fram	from the North/South Line			Feet from the East/West line Coun		County			
UL or lot no.	Section	Township	Range	Lot. Idn	Feet from						,			
G	<u>25</u>	25\$	37E		234	41 NORTH		<u> </u>	1697	<u>EA</u>	EAST LEA			
UL or lot no. Section Township						from the North/South Line			Feet from the	t from the East/West line County		County		
OL OF IOURO.	25	25\$	37E	Loc. Iun	209				1898	EAST		LEA		
12 Lse Code		ing Method Co		Connection Date			Permit Number		6 C-129 Effective					
F		F	9	-19-97				İ						
III. Oil and Gas Transporters														
18 Transporter OGRID		Transporter Name and Address			20 POD		21 <b>O/G</b>	B.	22 POD ULSTR Location and Description					
CID DICHAD			SON GASOLINE CO.			82(D(i G		G			2025			
020809		ST., STE. 2300			DA (D (T   G			G, SEC. 25, T25S, R37E METER ON LOCATION						
1	FOR	T WORTH, 1	TEXAS 76102						METER ON LOCATION					
007440 EOTT ENERGY CORP. L. P. 2						2821010 0 G, SEC. 25, T25S, R37E								
		56 AS 77210-4	1666					TANK ON LOCATION						
	HOU	STUN, TEA	10 11210°	4000										
									<u>}</u>					
		·												
			_											
IV. Produ		ter			- 24 -									
<sup>23</sup> POI					24 P(	OD ULS	TR Location	n and De	scription					
2821			TANK ON L	OCATION										
V. Well Completion Data  25 Spud Date 26 Re			eady Date 27 TD			28 PBTD			<sup>29</sup> Perforations		30	DHC, DC, MC		
-		9-8-97		6813' MD		6750' MD		6263' - 6720'						
8-26-97  31 Hole Sie				g & Tubing Siz			33 Depth Set				<sup>34</sup> Sacks Cement			
1	2-1/4"			8-5/8"		1125'			552 SXS			SXS		
			4-1/2"			6813'			1624 SXS			SXS		
7-7/8"						6720'			1021 010			3.0		
			2-3/8" TBG			6720								
VI Wall 1	Foot Do				<del></del>	<u> </u>								
VI. Well Test Data  35 Date New Oil  36 Gas De			very Date 37 Test Date			38 Test Length			39 Tbg. Pressu	re	40 Csg. Pressure			
1 16 00		0.10.07		1-19-9	20		24		30 <del>#</del>		100#			
1-16-98 41 Choke Size		9-19-97 42 Oil		43 Water					45 AOF		46 Test Method			
CAICAS	.	2		0			199				FLOWING			
47 I hereby certify that the rules of the Oil Conservation Division have been						OIL CONSERVATION DIVISION								
complied with and that the information given above is true and complete to the best of my knowledge and belief.														
Signature: Heliniah Magness							Approved by: ORIGINAL SIGNED BY							
Printed name:							Title:							
Deborah Magness Tide:														
Regulatory Assistant							Approval Date: APR 22 1998							
Date: 3-19-98 Phone: 915-688-9012														
47 If this is a c	hange of or	erator fill in th	o OGRID nur	nber and name	of the previ	ious ope	rator							

Printed Name

Previous Operator Signature

## 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
- 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 Change oil/condensate transporter
Add gas transporter

AG

CG Change Gas transporter

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
- 3. The property name (well name) for this completion
- q The well number for this completion
- The surface location of this completion NOTE: If the 10 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:

Federal

- SP State
- Fee
- J N Jicarilla
- Navaio
- П Ute Mountain Ute Other Indian Tribe
- The producing method from the following table:

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- Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14. 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
- 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 G Oil 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.)
- 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 23. number and write it here
- 24. The USLTR location of this POD if is is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water (Example: 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
- 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
- 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 casing pressure – oil wells Shut-in casing 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:

Flowing Pumping

P

Swabbing

If other method please write it in.

- 46. 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.
- 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 47. signed by that person.