Form C-104 Revised February 10, 1994

Instructions on back

Submit to Appropriate District Office 5 Copies

District II PO Drawer DD, Artesia, NM 88211-0719 OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088 1000 Rio Brazos Rd., Aztec, NM 87410 District IV PO Box 2088, Santa Fe, NM 87504-2088 ☐ AMENDED REPORT I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Penroc Oil Corporation OGRID Number P.O. Bay 5970 <u>017213</u> Hobbs, Mm on for Filing Code 88241-5970 API Number 30 - 025-11100 Pool Code Langlie Mattix 7 Rivers Queen GB Property Code 37240 1 Property Name 002824 Well Number Langlie Mattix Unit ^{fo} Surface Location II. **≮**4 Ul or lot no. Range Lot.Idn Feet from the North/South Line | Feet from the East/West line County **24S** 37E 660 11 Bottom Hole Location South 1980 West <u>Lea</u> UL or lot no. Section Township Lot Ida Feet from the North/South line Feet from the 14 East/West line 24S County 37E 660 12 Lee Code South 13 Producing Method Code 1980 14 Gas Connection Date West 15 C-129 Permit Number Lea 16 C-129 Effective Date 17 C-125 Expiration Date III. Oil and Gas Transporters 19 Transporter Name OGRID " POD 31 O/G and Address 22 POD ULSTR Location Shell Pipeline Corporation 020667 and Description P. O. Box 1910 Midland, TX 0744110 ∠ 14, 24S, 37E 0 79702 Sid Richardson Carbon & 020809 Gasoline Co. 0744130 G L₁₄, 248, 37E First City Tower 201 Main St. Fort Worth, TX 76102 Produced Water M POD ULSTR Location and Description <u>14, 24S, 37E</u> Well Completion Data Spud Date " Ready Date " TD " PBTD 20 Perforations Hole Size 31 Casing & Tubing Size 11 Depth Set ¹⁰ Sacks Cement Well Test Data Date New Oil M Gas Delivery Date " Test Date " Test Length * Tbg, Pressure " Cag. Pressure " Choke Size " Oil 4 Water 4 Gas " AOF " Test Method 4 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. OIL CONSERVATION DIVISION Approved by: Title Title: SINTHOT I SUPPRINCION Approval Date: OCT 37 1994 Date:

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

Citation Oil & Gas Corp. 004537 Previous Operator Signature

DOM

Printed Name Sharon Ward Prod. Reg. Supv. 7-15-94

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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 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.
- 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
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- R The property name (well name) for this completion
- 9. The weil 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
- Lease code from the following table:

 F Federal
 S State
 P Fee
 J Jicarilla
 N Navajo
 U Ute Mountain Ute
 I Other Indian Tribe 12.
- 13. The producing method code from the following table: 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
- MO/DA/YR of the C-129 approval for this completion 16
- MO/DA/YR of the expiration of C-129 approval for this 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.
- 21. Product code from the following table: Oil Gas

- T! e 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
- 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
- Depth of casing and tubing. If a casing liner show top and bottom. 32
- 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
- MO/DA/YR that gas was first produced into a pipeline 35.
- 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.
- Diameter of the choke used in the test 40
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well: Flowing Pumping Swapbin If other method please write it in.

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- 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 46.
- 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.

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