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District I PO Box 1980, Hobbe, NM 88241-1980 District II IV Drawer DD, Arteela, NM 88248-0769 District III 1000 Rie Brazoe Rd., Aziec, NM 87488 District IV				State of New Mexico Energy, Minerale & Natural Resources Dep OIL CONSERVATION DIV PO Box 2088 Santa Fe, NM 87504-20				Department Revised February 10, 1994 Instructions on back DIVISION Submit to Appropriate District Office 5 Copies -2088				
O Box 2088, Si			EOD AI	LOWAD		ATERIOD	177 A (T)			MENDED REPORT		
•		QUEST		e and Address.	LE AND	AUTHOR		ION TO TR	OGRID N	and the second		
			es Produ	ction Co	•				001801 ³ Resson for Filing Code			
P.O. Box 2760 Midland, Tx. 793			9702-276	0	•		CH CH CA					
API Number							Name s/Seven Bivers		<u> </u>	• Pool Code 59110		
30 - 025 32564				West Teas (Yate			rty Name			• Well Number		
13257				Anasazi	"4" Sta	te (E-5231)			10			
10 (U er lot no.	Surface	Location Texable	Range	Loi.Ida	Feel from the	Nerth/8	outh Line	Feet from the	East/West	Ine County		
L	4	20S	33E	,	1650	Sou	th	660	West	Lea		
	Bottom 1							······································	······································			
UL er lot no.	Section	Township	Range	Lot Ida	Feel from th	• North/i	Bouth Ane	Feet from the	East/West	Ene County		
" Lae Code S	¹⁸ Froduci	L	ode ¹⁴ Gas (Connection Dat	• ¹¹ C-121	Permit Numbe	•	C-129 Effective	Date	" C-119 Expiration Date		
	nd Gas '		the second s			10 both	1	· · · · · · · · · · · · · · · · · · ·				
II Transporter II (KJRID			Transporter Name and Address			* FOD ** 0/0		, ¹⁰ POD ULSIR Location and Description				
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IV. Proc	luced W	aler	·					***	· · · · · · · ·			
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L V. Well	Comple	Lion Dat	1							<u>.</u>		
	pud Date		¹⁴ Ready L	Inte		TD		# PB1D	<u> </u>	* Perforations		
¹⁴ Hole Size			³¹ Casing & Tubing Size			¹⁰ Depth Set			¹⁰ Backs Cement			
	<u> </u>					l <u></u>						
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	I Test D		Delivery Data			1				· · · · · · · · · · · · · · · · · · ·		
¹⁴ Date New Oll ³⁶ Gas D		Deuvery Date	Delivery Data ³⁴ Test D.		ile ¹⁷ Test Length		^и Ть <u>я</u> .	l'ressure.	¹⁴ Cag. Pressure			
" Ch	oke Size		" O¥	" Oli 4 Water		4 Gas			∩ F	4 Test Mithod		
with and that	the informati	rules of the C on given abov	Dil Conservation ve is true and co	Division have b mplete to the be	een complied st of my	;	OIL C	ONSERVA'	FION D	IVISION		
Signature:	knowledge and belief. Signature:							Approved by				
Printed name	Printed name R.C. Houtchens							Tille:				
This		•		~k								
NuclSenior Production ClerkApproval Date:OCT 0 6 1994Date:9-1-941%one: (915) 683-2277												
" If this is	a change of a	perator fill)	a the OGRID	<u> </u>	p	ous operator						
H	XILC Preston	Uperator S	1 mil	Jen-				/ Reg. Aff		The second s		
м			y Corpora	tion	OGRI	Printed Nam D# 01502:			714	le Date 9-8-94		

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New Mexico Oil Conservation Division C-104 Instructions

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	G-104	Instructions	
IF THIS "AMENI	IS AN AMENDED REPORT, CHECK THE BOX LABLED DED REPORT" AT THE TOP OF THIS DOCUMENT	22,	The ULSTR location of this POD if it is different from the well completion location and a short description of the POD
Report	all gas volumes at 15.025 PSIA at 80°. all oil volumes to the nearest whole barrel.	23,	(Example: "Battery A", "Jones CPD", ato.) The POD number of the storage from which water is moved from this property. If this is a new well or recomplation and
accomp	et for allowable for a newly drilled or deepened well must be anied by a tabulation of the deviation tests conducted in ince with Rule 111.		this POD has no number the district office will assign a number and write it here.
All sect new an	ions of this form must be filled out for sllowable requests on d recompleted wells.	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.)
change	only sections 1, 11, 111, 1V, and the operator certifications for s of operator, property name, well number, transporter, or uch changes.	25.	MO/DA/YR drilling commenced
A sepa	tion. C-104 must be filed for each pool in a multiple	26.	MO/DA/YR this completion was ready to produce
Improp	erly filled out or incomplete forms may be returned to	27, 28.	Total vertical depth of the well Plugback vertical depth
operato 1.	ors unapproved. Operator's name and address	29.	Top and bottom perforation in this completion or casing
2.	Operator's OGRID number. If you do not have one it will	30.	the and TD if openhole Inside diameter of the well bore
3.	be assigned and filled in by the District office.	· 31,	Outside diameter of the casing and tubing
-••••	RC Recompletion	32.	Depth of casing and tubing. If a casing liner show top and bottom,
	CH Change of Operator AO Add oil/condensate transporter CO Change oil/condensate transporter	33,	Number of sacks of cament used per casing string
	AG Add gas transporter CG Change gas transporter	The f	ollowing test data is for an oil welt it must be from a test
	RT Request for test allowable (Include volume requested)	34.	noted only after the total volume of load oil is recovered, MO/DA/YR that new oil was first produced
4.	If for any other reason write that reason in this box, The API number of this well	35.	MO/DA/YR that gas was first produced into a pipeline
5.	The name of the pool for this completion	36.	MO/DA/YR that the following test was completed
6,	The pool code for this pool	37.	Length in hours of the test
7.	The property code for this completion	38.	Flowing tubing pressure - oil wells Bhut-in tubing pressure - gas wells
8.	The property name (well name) for this completion	39,	Flowing casing pressure - oli wells Shut-in casing pressure - gas wells
9. 10.	The well number for this completion The surface location of this completion NOTE: If the	40.	Dismeter of the choke used in the test
, _,	for this location use that number in the 'lit, or lot no ' box	41.	Barrels of oil produced during the test
11.	Otherwise use the OCD unit letter.	42.	Barrele of water produced during the test
12.	The bottom hole location of this completion Lease code from the following table:	43.	MCF of gas produced during the test
	F Federal 8 State P Face	44.	Gas well calculated absolute open flow in MCF/D The method used to test the well;
	J Jicarilla N Navalo		F Flowing P Pumping
	U Ute Mountain Ute I Other Indian Tribe		S Swabbing If other method please write it in.
13,	The producing method code from the following table: F Flowing P Pumping or other artificial lift	46,	The eignature, 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
14.	MO/DA/YR that this completion was first connected to a	47.	about this report The previous operator's name, the signature, printed name,
15.	gas transporter The permit number from the District approved C-129 for this completion		authorized to verify that the previous operator's representative authorized to verify that the previous operator no longer operates this completion, and the date this report was
16,	MO/DA/YR of the C-129 approval for this completion		eigned by that person
17,	MO/DA/YR of the expiration of C-129 approval for this completion		
18.	The gas or oil transporter's OGRID number	·· 1	
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 O Oil		
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