## District I PO Box 1980, Hobbs, NM 88241-1980

District II

PO Drawer DD, Artesia, NM 88211-0719

State of New Mexico Energy, Minerals & Natural Resources Department

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Form C-104 Revised February 21, 1994 Instructions on back

District III 1000 Rio Brazo District IV	ı Rd., Azte	, NM 87410			PO B	Box 2088 IM 8750			Subi			District Office 5 Copi		
PO Box 2088, S												DED REPOR		
[ <u>.</u>	ŀ	EQUES		LLOW/		AND AL	JTHO	RIZAT	ION TO TI			<del></del>		
Vastar Resources, Inc.											<sup>1</sup> OGRID Number 036619			
1816 E. Mojave Farmington, New Mexico 87401							<del></del>				3 Reason for Filing Code			
rarı	ntugtor	ı, new m	exico 8/	401						CO	-			
<sup>4</sup> Al'l Number						<sup>5</sup> Pool Name				* Poul Code				
30 - 045-20267			Basin Dakota							71599				
' Property Code 014131			՝ Իսթ։ Wood Wn Fed				perty Name			* Well Number				
		Location							001					
Ul or lot no.	Section	Township	Range	Lot.ldn	Feet fo	rom the	North/S	outh Line	Feet from the	East/West	line I	County		
В	21	29N	10W		1	100	Noi	rth.	1450		İ	•		
11 I	Bottom	Hole Lo	cation	<del>!</del> -			1101	<u> </u>	1431.	East	<u>ISa</u>	n Juan		
UL or lot no.	or lot no. Section Township				Feet f	Feet from the North		South line	Feet from the	East/West line Co		County		
В	21	29N	10W	<u></u>		100	North		1450	East	Sa	n Juan		
" Lac Code F	" Produci	ng Method C		Connection I	Date "	C-129 Permi	t Numbe	r   "	C-129 Effective I	)ute	" C-129 I	Expiration Date		
II. Oil ar				8/68					·					
"Transpor	ter las		Transporter l	Vame		20 POI	)	21 O/G		raju (101 <sup>1</sup>	V Location			
OGRID		and Address						and Description			<u> </u>			
008471		Gary-Williams Energy Corp. 370 17th Street, Suite 5300			0483710 0									
	D	enver, (	Colorado	80202	3300									
007057	E.	l Paso l	Natural (	Gas Com	pany	048373	0	G						
		. O. Boz	k 4990 on. New 1	Movico	97/00									
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V D1				· · · · · · · · · · · · · · · · · · ·					טט	SEP 2	9 199	4 1		
V. Produ	ced Wa	iter			<del></del>	H BOD III	~4'4\ P		<u>M</u>	n Co	<del>i 33 - F</del>	APP -		
04837						<sup>24</sup> POD ULA	ESCL NICE	tion and De	escription U	UU Big		טעוע .		
'. Well C	Complet	ion Data					·············				uo 🐷	<del></del>		
25 Spud Date			20 Ready Date			" TD			" PBT7)		1º Perforations			
	Hole Size	<del></del>	31 C	using & Tub	ing Size		31	Depth Set		n	Sucks Cen	ical		
	·		<u> </u>		···									
			<del> </del>		<del></del>							······································		
<del></del>				<del></del>			<del></del>	·						
I Wall 7	Coat Da	to.	<u> </u>											
/I. Well Test Data  ** Date New Oil ** Gas Delivery Date ** Test Date						<sup>37</sup> Test Length			W (2)					
					ch mut		rear rengin		14 Tbg. Pressure		" Csg. Pressure			
46 Chuke Size		" Oil		42	42 Water		43 Gus		4 AOF		" Test Method			
										1				
I hereby certify ith and that the	that the rul	es of the Oil ( given above is	onservation District true and comp	vision have be	cen complice	1	$\circ$	1 ((0)	TOT DIVATE	N. DIV	101011			
nowledge and be	lief.	10	1 -	1	. <del>,</del>		OIL CONSERVATION DIVISION							
K.PJohnson						Approved	Approved by: 37, \$ DISTRICT #3							
rinted name: R. D. Johnston							Title: SUPERVISOR DISTRICT #3							
ide: Operations Superintendent							Jate:		SEP 281	994	<del></del>			
Date: 09/	27/94		Phone: 505	599-43										
If this is a chi	inge of ope	rutor fill in th	e OGRID num	ber and nam	e of the pre	vious operato	r							
<del></del>	Previous O	perator Signa	lure			Printed	Name			77.4				
· · · · · · · · · · · · · · · · · · ·						Printed Name			Title Dute					

## 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.
- 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
- 6 The pool code for this pool
- 7 The property code for this completion
- The property name (well name) for this completion
- 9. The well 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 12

Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table:

F Flowing
P Pumping or other artificial lift 13.

- 14. MO/DA/YR that this completion was first connected to a
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- 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.
- Product code from the following table:
  O Oil
  G Gas 21.
- 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.) 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 (Exemple: "Battery A Water Tank", "Jones CPD Water 24. well comp (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
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- 30. Inside diameter of the well bore
- Outside diameter of the casing and tubing 31.
- 32. Depth of casing and tubing. If a casing liner show ton 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.

- 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
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39
- 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
- MCF of gas produced during the test 43.
- 44. Gas well calculated absolute open flow in MCF/D
- The method used to test the well: 45.

F Flowing
P Pumping
S Swabbing
If other method please write it in.

- 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