

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

District II  
811 South First, Artesia, NM 88210

District III  
1000 Rio Brazos Rd., Aztec, NM 87410

District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, 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

Operator name and Address SAGA PETROLEUM Limited Liability Co of Colorado 415 W. WALL, SUITE 835 MIDLAND, TX 79701		OGRID Number 148967
API Number 30 - 0 25 - 00540	Pool Name MALJAMAR GRAYBURG SAN ANDRES	Pool Code 43329
Property Code 20306	Property Name MALMAR UNIT	Well Number 112

II. Surface Location

UL or lot no. L	Section 13	Township 17 S	Range 32 E	Lot Idn	Feet from the 1980	North/South Line South	Feet from the 660	East/West line West	County LEA
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III. 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
Lse Code S	Producing Method Code Shut-In-Inject	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID 034019	Transporter Name and Address PHILLIPS 66 CO. P.O. BOX 5400 BARTLESVILLE, OK 74005	POD 2064510	O/G Q	POD ULSTR Location and Description

IV. Produced Water

POD 264550	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations	DHC, DC, MC
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement		

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

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:

Printed name: J. Charles Farmer  
Title: Manager

Date: 2/14/97  
Phone: (915)684-4293

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

Previous Operator Signature

017213

Printed Name  
M. Y. MERCHANT, PRESIDENT  
PENROC OIL CORPORATION

Title

Date

OIL CONSERVATION DIVISION

Approved by:

ORIGINAL SIGNED BY  
CARY WINK  
FIELD REP. II

Title:

Approval Date:

MAR 07 1997

2/10/97

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <i>Pemco Oil Corporation</i>		Well API No.
Address <i>P.O. Box 5970 Hobbs, NM 88241</i>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	<i>Effective 10.13.90</i>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator <i>Southland Royalty Co 21 West Dr. Midland TX 79701</i>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <i>Malmar Unit Tr. 1</i>	Well No. <i>12</i>	Pool Name, Including Formation <i>Maljamar (G-5A)</i>	Kind of Lease <input checked="" type="radio"/> State <input type="radio"/> Federal or Fee	Lease No. <i>B-2229</i>
Location Unit Letter <i>L</i> : <i>1980</i> Feet From The <i>South</i> Line and <i>660</i> Feet From The <i>west</i> Line Section <i>13</i> Township <i>17S</i> Range <i>32E</i> , NMPM, <i>Lea</i> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> <i>Water Injection Well</i>	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twsp.	Rge.
	Is gas actually connected? When ?	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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.

*Mohammed Yamin Merchant*  
Signature  
*Mohammed Yamin Merchant*  
Printed Name  
*Oct 16, 1990*  
Date  
*PRESIDENT*  
Title  
*(505) 397-3596*  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved *OCT 17 1990*

By *ORIGINAL SIGNED BY JERRY SEXTON*  
DISTRICT I SUPERVISOR

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.