## District I

## State of New Mexico

Form C-104
Revised October 18, 1994

PO Box 1980, E	šobbs, NM	[ <b>\$1</b> 24]-19 <b>60</b>		Energy, Minerals	S Marsian Kenam	on reherenses				october 18, 1994 Istructions on back		
District II 811 South First, Artesia, NM 88210			OIL CONSERVATION DIVISION					Submit to Appropriate District Office				
District III			2040 South Pacheco					5 Copies				
1000 Rio Brazos	Rd., Azt	ec, NM 87410	Santa Fe, NM 87505					☐ AMENDED REPORT				
District IV 2040 South Pack	hem Sent	. Fr. NM 8750	ь						<del></del>			
2040 SOULII 7 222 I.	]	REQUES	T FOR A	LLOWABL	E AND AU	THORIZ	ATI	ON TO TR	ANSPORT	`		
				me and Address		<sup>1</sup> OGRID Number						
BASIN AlliANCE, LLC										0415		
PO Box 1378						Remoon for Fling Code Sale of 476 bbls skim oil						
Hobbs NM 88241						Month of Oct. 2002						
٠,٨	Pl Numbe	er .	Pool Name					* Pool Code				
30 - 025-28083			SWD; Devonian					96101				
<sup>1</sup> Property Code			<sup>6</sup> Property Name						* Well Number			
	46			State AJ						1		
II. 10 S	Surface	Location	1									
Ul or lot no.	Section	Township	Range	Lot.ida	Feet from the	North/South	Line	Feet from the	East/West line	County		
_	22	100	36E		2310	N		2310	Ε.	025		
	G 33 18S											
UL or lot no.	Section	Township			Feet from the North/Se		ath line Feet from the		East/West line	County		
" Lee Code 13 Pro		cing Method (	Code M Gas	Connection Date	и C-129 Pers	nit Number	<sup>14</sup> C-129 Effective I		Onte 17 C	129 Expiration Date		
		_										
III. Oil a	nd Gas	Transpo	rters		, I		•					
Transporter		<b>-</b>	" Transporter Name			™ POD 11 O/G						
OGRID			and Address  Filly Mnclaskery Oilfield Some.					and Description				
01242	. 6 K	Elly Mini	- 58P	WINEIG DER	280	2808474 0						
	#R\$\$							7				
Hobbs NN 88241 JENEX OPERATING CO						2808474 0						
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45 FD												
IV. Prod	uced V	Vater							K- Jobbs			
11	POD				≥ POD t	LSTR Location	bae /	Description	, OCA			
V. Well Completion Dat		ta										
<sup>21</sup> Spud Date			<sup>26</sup> Ready Date <sup>27</sup> TD			≈ PBTD		30 Perfora	tions	<sup>36</sup> DHC, DC,MC		
					Ì					1		
31 Hole Size		ze	u	Casing & Tubing	Size	" Depth S		et	™ Se	cks Cement		
										<del></del>		
VI. Well Test Data			Delivery Date 77 Test Date			\$6.00° - 4.7° - 44		2 The P		40 Cag. Pressure		
B Date New Oil		M Gas Delivery Date		" 1es	Date	2 Test Length		* Tbg. Pressure		Cag. Fresburt		
41	41 Chala Sina		41.04	4 W		" Gas		4 AOF		* Test Method		
41 Choke Size			4 Oil	w	ater	- Gas		- AUF Test Method		16st Metaod		
					<del></del>				<del></del>			
				Division have been aplete to the best o		OIL	. CC	NSERVAT	ION DIVI	SION		
knowledge and					OIL CONSERVATION DIVISION ORIGINAL SIGNED BY WINK							
Signature:	4.5.	. ()_		Appro	Approved by: GARY W. WINK OG FIELD REPRESENTATIVE II/STAFF MANAGEN							
Printed name:			70	Title:	Title:							
Tide:	O NA	EGE/E	علا،	Appro	Approval Date:							
Vice President						CF 1 2 7 12						
			Dharm						D(			
Date:				505-397-	of the previous of							

Printed Name

Previous Operator Signature

## uco de Conservation Division C-104 instructions

IF THIS IS AN AMENDED REPORT, CH. . 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 (Include the effective date.)

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
- 8. 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.
- The bottom hole location of this completion 11.
- 12 Lease code from the following table:

Federal State Fee Jicarilla

13.

Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table:

- Flowing Pumping or other artificial lift 14. MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the District approved C-129 for this completion
- MO/DA/YR of the C-129 approval for this completion 16
- 17. MO/DA/YR of the expiration of C-129 approval for this
  - 18. The gas or oil transporter's OGRID number
  - Name and address of the 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. 20.
- 21. Product code from the following table: Oil Gas
- 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 the 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.
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- 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.
- Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore.

- 31. Inside diameter of the well bore
- Outside diameter of the casing and tubing 32
- 33. Depth of casing and tubing. If a casing liner show top and bottom.
- Number of sacks of coment used per casing string

If 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
- MO/DA/YR that gas was first produced into a pipeline 36.
- MO/DA/YR that the following test was completed 37.
- 38. Length in hours of the test
- 39. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
- 40. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- 46. The method used to test the well: 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 47.
- 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 48.