

District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
PO Drawer DD, Artesia, NM 88211-0719  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

Form C-104  
Revised February 21, 1994  
Instructions on back  
Submit to Appropriate District Office  
5 Copies

☒ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address Floyd Operating Company 711 Louisiana, Suite 1740 Houston, Texas 77002		<sup>2</sup> OGRID Number 007943
		<sup>3</sup> Reason for Filing Code CO - Effective 6/1/96
<sup>4</sup> API Number 30 - 0 25-21020	<sup>5</sup> Pool Name Blineberry Oil & Gas	<sup>6</sup> Pool Code 06660
<sup>7</sup> Property Code 18273	<sup>8</sup> Property Name State JJ 36	<sup>9</sup> Well Number 1

II. <sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
G	36	22S	37E		1980	North	1980	East	Lea

<sup>11</sup> 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
<sup>12</sup> Loe Code S	<sup>13</sup> Producing Method Code P	<sup>14</sup> Gas Connection Date		<sup>15</sup> C-129 Permit Number		<sup>16</sup> C-129 Effective Date		<sup>17</sup> C-129 Expiration Date	

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> POD	<sup>21</sup> O/G	<sup>22</sup> POD ULSTR Location and Description
34019 022628	Phillips Petroleum Co. Trucks 4001 Penbrook Odessa, TX 79762	0972410 277031D	0	G 36 T22S R37E
022345	Texaco Exp. & Prod. Inc. PO Box 1929 Eunice, NM 88231	0770330	G	G 36 T22S R37E

IV. Produced Water

<sup>23</sup> POD	<sup>24</sup> POD ULSTR Location and Description
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V. Well Completion Data

<sup>25</sup> Spud Date	<sup>26</sup> Ready Date	<sup>27</sup> TD	<sup>28</sup> PHTD	<sup>29</sup> Perforations
<sup>30</sup> Hole Size	<sup>31</sup> Casing & Tubing Size	<sup>32</sup> Depth Set	<sup>33</sup> Sacks Cement	

VI. Well Test Data

<sup>34</sup> Date New Oil	<sup>35</sup> Gas Delivery Date	<sup>36</sup> Test Date	<sup>37</sup> Test Length	<sup>38</sup> Tbg. Pressure	<sup>39</sup> Csg. Pressure
<sup>40</sup> Choke Size	<sup>41</sup> Oil	<sup>42</sup> Water	<sup>43</sup> Gas	<sup>44</sup> AOF	<sup>45</sup> Test Method

<sup>46</sup> 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: *Diann K. Giannone*  
Printed name: **DIANE K. GIANNONE**  
Title: **Marketing and Production Administrator**  
Date: \_\_\_\_\_ Phone: 713/222-6275

OIL CONSERVATION DIVISION  
ORIGINAL SIGNED BY FIELD SECTION  
DISTRICT SUPERVISOR

Approved by:

Title:

Approval Date:

JUN 14 1996

<sup>47</sup> If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date

New Mexico Oil Conservation Division  
C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "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
2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
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
8. The property name (well name) for this completion
9. The well number for this completion
10. 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.
11. The bottom hole location of this completion
12. Lease code from the following table:  

F	Federal
S	State
P	Fee
J	Jicarilla
N	Navajo
U	Ute Mountain Ute
I	Other Indian Tribe
13. The producing method code from the following table:  

F	Flowing
P	Pumping or other artificial lift
14. MO/DA/YR that this completion was first connected to a gas transporter
15. The permit number from the District approved C-129 for this completion
16. MO/DA/YR of the C-129 approval for this completion
17. MO/DA/YR of the expiration of C-129 approval for this completion
18. The gas or oil transporter's OGRID number
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
G	Gas

22. 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.)
23. 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.
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.)
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
31. Outside diameter of the casing and tubing
32. Depth of casing and tubing. If a casing liner show top 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.

34. 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
38. Flowing tubing pressure - oil wells  
Shut-in tubing pressure - gas wells
39. Flowing casing pressure - oil wells  
Shut-in casing pressure - gas wells
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
43. MCF of gas produced during the test
44. Gas well calculated absolute open flow in MCF/D
45. The method used to test the well:  

F	Flowing
P	Pumping
S	Swabbing

If other method please write it in.
46. 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

INFORMED X 2010  
DATE 01/24/10  
BY 01/24/10

District I  
PO Box 1980, Hobbs, NM 88241-1980  
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Energy, Minerals & Natural Resources Department

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5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Floyd Operating Company 711 Louisiana Suite 1740 Houston, Texas 77002		OGRID Number 007943
		Reason for Filing Code CH-Change of Operator Effective: 1/1/96
API Number 30 - 0 25-21010 21020	Pool Name Blinebry Oil & Gas	Pool Code 06660
Property Code 016402 18273	Property Name State JJ 36	Well Number 1

II. Surface Location

UL or lot no. G	Section 36	Township 22S	Range 37E	Lot Idn	Feet from the 1980	North/South Line North	Feet from the 1980	East/West line East	County Lea
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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
S	P								
Lee Code	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
013063	Lantern Petroleum Corporation PO Box 2281 Midland, TX 79702	0770310	O	G 36 T22S R37E
022345	Texaco Exp. & Prod. Inc. PO Box 1929 Eunice, NM 88231	0770330	G	G 36 T22S R37E

IV. Produced Water

POD	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
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	Cag. 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: <i>Greg Fox</i>			OIL CONSERVATION DIVISION ORIGINAL SIGNED BY JERRY TAYLOR DISTRICT I SUPERVISOR		
Printed name: GREG FOX			Title:		
Title: Manager of Production			Approval Date: JAN 6 1995		
Date: 1/2/96	Phone: 713/222-6275				
If this is a change of operator fill in the OGRID number and name of the previous operator					
BISON PETROLEUM CORPORATION		By: Bruce O. Barthel		President	12/20/95
Previous Operator Signature		Printed Name		Title	Date
OGRID-002424		<i>Bruce O Barthel</i>			

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Report all oil volumes to the nearest whole barrel.

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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.

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3. Reason for filling 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
8. The property name (well name) for this completion
9. The well number for this completion
10. 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.
11. The bottom hole location of this completion
12. Lease code from the following table:  

F	Federal
S	State
P	Fee
J	Jicarilla
N	Navajo
U	Ute Mountain Ute
I	Other Indian Tribe
13. The producing method code from the following table:  

F	Flowing
P	Pumping or other artificial lift
14. MO/DA/YR that this completion was first connected to a gas transporter
15. The permit number from the District approved C-129 for this completion
16. MO/DA/YR of the C-129 approval for this completion
17. MO/DA/YR of the expiration of C-129 approval for this completion
18. The gas or oil transporter's OGRID number
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.
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G	Gas

22. 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.)
  23. 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.
  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.)
  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
  31. Outside diameter of the casing and tubing
  32. Depth of casing and tubing. If a casing liner show top 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.
34. 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
  38. Flowing tubing pressure - oil wells  
Shut-in tubing pressure - gas wells
  39. Flowing casing pressure - oil wells  
Shut-in casing pressure - gas wells
  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
  43. MCF of gas produced during the test
  44. Gas well calculated absolute open flow in MCF/D
  45. The method used to test the well:  

F	Flowing
P	Pumping
S	Swabbing

If other method please write it in.
  46. 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

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☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Bison Petroleum Corporation 5809 S. Western Suite 200 Amarillo, Texas 79110-3607		OGRID Number 002424
API Number 30 - 0 25-21020	Pool Name Blinebry Oil & Gas	Pool Code 06660
Property Code 016402	Property Name State JJ 36	Well Number 1

II. Surface Location

UL or lot no. G	Section 36	Township 22S	Range 37E	Lot Idn	Feet from the 1980	North/South Line North	Feet from the 1980	East/West line East	County Lea
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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
S	P								
Lee Code	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
013063	Lantern Petroleum Corporation PO Box 2281 Midland, TX 79702	0770310	O	Unit G Sec. 36 T22S R37E
022345	Texaco Expl. & Prod. Inc. P.O. Box 1929 Eunice, NM 88231	0770330	G	Unit G Sec. 36 T22S R37E

IV. Produced Water

POD 0770350	POD ULSTR Location and Description Unit G Sec. 36, T22S, R37E
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
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: *Linda Scott*

Printed name: Linda Scott

Title: Administrative Secretary

Date: 6-29-95

Phone: (806) 358-0181

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title:

Approval Date:

JUL 05 1995

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

Previous Operator Signature

Printed Name

Title

Date

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☐ AMENDED REPORT

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address BISON PET. CORP 5809 S. WESTERN, STE 200 AMARILLO, TX. 79110-3607 (806) 358-0181		OGRID Number 002424
Reason for Filing Code CH (EFFECTIVE 1-1-95)		
API Number 30-0 25-21020	Pool Name BLINEBRY OIL AND GAS	Pool Code 06660
Property Code 16402	Property Name STATE JJ 36	Well Number 1

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
G	36	22 S	37E		1980	NORTH	1980	EAST	LEA

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
S		P							
Lac Code	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
005108	CONOCO INC., TRANSPORTATION P.O. BOX 2587 HOBBS, NM. 88240	0770310	O	G 36 22S 37E
<del>002345</del> 23435	TRANSWESTERN PIPELINE CO. P. O. Box 1188 Houston, TX 77251-1188	0770350	G	G 36 22S 37E

IV. Produced Water

POD 0770350	POD ULSTR Location and Description G 36 22S 37E
----------------	--

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Thg. 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:

Title:

Date:

Bruce O. Barthel

President (806) 358-0181

JAN 5, 1995

Phone: 713-288-9291

OIL CONSERVATION DIVISION

Approved by:

ORIGINAL SIGNED BY JERRY SEXTON

Title:

DISTRICT I SUPERVISOR

Approval Date:

JAN 13 1995

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

005073

Previous Operator Signature

Printed Name

BILL R. KEATHLY

SR REG. SPEC

Date

1/22/95

**RECEIVED**

JAN 12 1995

JOE HOBBS  
OFFICE