

District I
1625 N. French Dr., Hobbs, NM 88240
District II
811 S. First St., Artesia, NM 88210
District III
1000 Rjo Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources

Form C-104
Revised August 1, 2011

Oil Conservation Division
1220 South St. Francis Dr.
Santa Fe, NM 87505

Submit one copy to appropriate District Office

☐ AMENDED REPORT

HOBBS OCD

MAR 01 2013

RECEIVED

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address Marshall & Winston, Inc. P. O. Box 50880 Midland, Texas 79710-0880		² OGRID Number 14187
		³ Reason for Filing Code/ Effective Date NW/Feb., 2013
⁴ API Number 30-0 25-40852	⁵ Pool Name Scharb; Bone Spring	⁶ Pool Code 55610
⁷ Property Code 311839	⁸ Property Name Klein 16 State	⁹ Well Number 2H

II. ¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
A	16	19S	35E		660	North	250	East	Lea

¹¹ 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
D	16	19S	35E		730.4	North	333.51	West	Lea

¹² Lse Code	¹³ Producing Method Code	¹⁴ Gas Connection Date	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date
S	P				

III. Oil and Gas Transporters

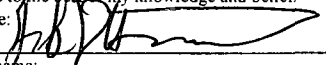
¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
035246	Shell Trading (US) Company 600 N. Marienfeld, Suite 230 Midland, Texas 79701	O
024650	Targa Midstream Services LP 6 Desta Drive, Suite 3300 Midland, Texas 79705	G

IV. Well Completion Data

²¹ Spud Date	²² Ready Date	²³ TD	²⁴ PBTD	²⁵ Perforations	²⁶ DHC, MC
12/04/12	02/01/13	13,940'	13,645'	9675-13630'	N/A
²⁷ Hole Size	²⁸ Casing & Tubing Size	²⁹ Depth Set	³⁰ Sacks Cement		
17 1/2"	13 3/8"	1800'	400 sx		
12 1/4"	9 5/8"	3822'	655 sx		
7 7/8"	5 1/2"	13,771'	2931 sx		
	2 7/8"	6000'			

V. Well Test Data

³¹ Date New Oil	³² Gas Delivery Date	³³ Test Date	³⁴ Test Length	³⁵ Tbg. Pressure	³⁶ Csg. Pressure
12/04/12	N/A	02/17/13	24 hrs	150#	40#
³⁷ Choke Size	³⁸ Oil	³⁹ Water	⁴⁰ Gas	⁴¹ Test Method	
	118	412	105	P	

⁴² 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: 

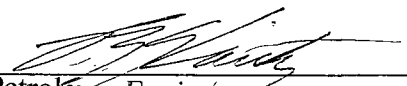
Printed name:
Gabe Herrera

Title:
Engineer

E-mail Address:
gherrera@mar-win.com

Date: 02/27/13 Phone: 432-684-6373

OIL CONSERVATION DIVISION

Approved by: 

Title: Petroleum Engineer

Approval Date: MAR 21 2013

MAR 21 2013

New Mexico Oil Conservation Division
C-104 Instructions

October 13, 2009

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 19.15.16.14 NMAC.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

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, please read the FAQ "How Do I Become A Well Operator?" at www.emnrd.state.nm.us/ocd.
3. Reason for filing code from the following table:
NW New Well
RC Recompletion
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. MM/DD/YY that this completion was first connected to a gas transporter.
15. The permit number from the District approved C-129 for this completion.
16. MM/DD/YY of the C-129 approval for this completion.
17. MM/DD/YY 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. Product code from the following table:
O Oil
G Gas
W Water
21. MM/DD/YY drilling commenced.
22. MM/DD/YY this completion was ready to produce.
23. Total measured depth of the well.
24. Plugback measured depth.
25. Top and bottom perforation in this completion or casing shoe and TD if openhole.
26. Write in 'DHC' if this completion is downhole commingled with another completion or 'MC' if there is more than one non-commingled completion in this well bore. Attach actual completed well bore diagram
27. Hole size.
28. Outside diameter of the casing and tubing.
29. Depth of casing and tubing. If a casing liner, show top and bottom.
30. 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.
31. MM/DD/YY that new oil was first produced.
32. MM/DD/YY that gas was first produced into a pipeline.
33. MM/DD/YY that the following test was completed.
34. Length in hours of the test.
35. Flowing tubing pressure - oil wells
Shut-in tubing pressure - gas wells
36. Flowing casing pressure - oil wells
Shut-in casing pressure - gas wells
37. Diameter of the choke used in the test.
38. Barrels of oil produced during the test.
39. Barrels of water produced during the test.
40. MCF of gas produced during the test.
41. The method used to test the well:
F Flowing
P Pumping
S Swabbing
If other method please write it in.
42. The signature, printed name, title, and e-mail address 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.