District T FO Box 1980, Hobbs, NM 88241-1980

811 Smith First, Artesia, NN 88210 District III

1000 Rin Brazos Rd., Aztec. NSI 87410

Form C-104 N

OIL CONSERVATION DIVISION 2040 South Pacheco

State of New Mexico
Energy, Minerals & Natural Resources Department

	Instructions on back						
Submit to Appropriate							
Francis .	5 Copies						

District IV	n nu., nnec	, 14101 87410		Sant	a re,	NM 8	37303				AME	ENDED REPORT	
2040 South Pac			FOR A	LLOWAR	RI E. A I	A UL	LITHOR	17 ATI	ON TO TR	ANCD			
1.				me and Address		10 /1	CITION	32/11	ON TO TA	OGRID			
IIS Resources, Inc.									155567				
6666 S. Sheridan, Ste 250 Tulsa, Ok 74133									Resson for Flling Code				
7.12.1, VK 7.12.3								CH/Effective 7/01/96					
'API Number 'Pool Name									Pool Code				
30 - 005-60672 pecos slope abo									82733 821/30				
						roperty Name				Well Number			
	1 PJ FEDERAL 10 Surface Location												
III or lot no.									e Feet from the East/West line County				
J	6	95	26E		198	1980 South		1980	l _	East Chave			
11	Bottom	I lole Loca								<u> </u>	l		
till, or lot no.	Section	Township	Range	Lot Idn	Feet fro	m the North/South line		outh line	Feet from the	East/Wes	st line	County	
" Lse Code	" Produci	ng Method Code	¹⁴ Gas	Connection Dat	• " 0	'-129 l'e	129 Permit Number		C-129 Effective 1)ate	C-129 Expirution		
F F F II. Oil and Gas Transporters													
Transpor		" T	ransporter		,	" POD " 0/G 879530		²¹ O/G	11 POD ULSTR Location and Description				
147831	/					87943		G		2110 170	scripite	00	
	900000000000001	05 S. Fou rtesia, N											
0 10 - 0 10 - 1 1-						281.	2730	0	0				
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									JUN 2 4 1095				
V. Produced Water													
	1879550 ** POD ULSTR Location and Description												
V. Well (Complet	ion Data	····									·	
Spuc	† Date	* Re	ndy Date		"TD		" गा	TD	P Perfora	lions		* DHC, DC,MC	
" Hole Size		<u> </u>	" Casing & Tubing Size				31		¹⁴ Sucks Cement				
				" Casing & Tubing Size "Depth So					Post II) 3				
									V 1/ 0/			191	
·	- 11					-					<u> </u>	6-/6	
						_					en	op	
VI. Well	Test Da	ita											
TDate N	** Date New Oil ** Gas Delivery Date ** Test Date		t Date	36 Test Length		ngth	" Thg. Pressure			* Csg. Pressure			
4 Choke Size 4/		" U	11	" Wate:		" Gas		" AUF			* Test Method		
" I hereby certi	fy that the ru	les of the Oil Co	servation D	livision have been	1:-4						<u></u>		
with and that th	c Varte ដោយជាជា	given shove is n	ue and com	plete to the best	n complied of my		O	L CO	NSERVATI	ON D	IVIS	ION	
I nowledge and here. Senature: OIL CONSERVATION DIVISION Senature: Appropriate to the best of my Appropriate by:													
Printed name:							ORIGINAL SIGNED BY TIM W. GUM						
Karla Johnson							Title: DISTRICT IS SUPERVISOR					*	
Production Lech							Approval Date: JUL 2 3 1996 JUN 2 7 40					IIN 9.7-100c	
Date 6-11				18/488-89								1330	
023067	nange of ope	rator fill in the	OGRID nu	mber and name	of the pro			or	D	+i	A 1	vat 6/11/00	
	perator Signatu	· · · · · · · · · · · · · · · · · · ·		Carla Johnson Proration Analyst 6/11/90 Printed Name Title									
							118105			Tiel	rc	Date	

New Mexico Oil Conservation Division C-104 Instructions

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.
- Reason for filing code from the following table:
 NW New Well
 RC Recompletion 3. RC CH Change of Operator (Include the effective date.)
 Add oil/condensate transporter
 Change oil/condensate transporter
 Add gas transporter
 Change gas transporter
 Request for test allowable (Include volume requested) AO CO AG CG RT 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 to: 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.
- 11. The bottom hole location of this completion
- Lease code from the following table:
 F Federal
 S State
 P Fee 12.

 - Jicarilla
 - N
 - Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14. gas transporter
- 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
- 19. 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: "Battety 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 recompetion 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 (Example: "Eattery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- 25. MO/DA/YR crilling commenced
- 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 openhols
- 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 we' bore, or 'MC' if there are more than three non-commingled completions in this well bore. 30.

- 31. Inside diameter of the well have
- 32 Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and
- Number of sacks of cement used per casing string 34

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 pipaline
- MO/DA/YR that the following test was completed 37.
- 38. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 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
- 44. MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- The method used to test the well: Flowing Pumping Swapbing 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.