District I PO Box 1980, Hol District II 811 South First, A District III 1000 Rio Brazos E District IV 2040 South Pache	Artesia, NA Id., Aztec, co, Santa I	A 88210 NM 87410 Fe, NM 87505	C	State of New Mexico  Recogn. Minerals & Natural Resources Department  OIL CONSERVATION DIVISION  2040 South Pacheco  Santa Fe, NM 87505					Form A Revised October 18 199 Instructions on back Submit to Appropriate District Office 5 Copie			
I.	R			LLOWAE		AUTHOR	RIZATI	ON TO T				
Bellweth 1221 Lam Houston	oloratio	n Compa	Operator name and Address a Company )					'OGRID Number  [4838]  'Ressen for Filing Code  CH - Effective 11-12-99				
1 API	<sup>4</sup> API Number				<sup>5</sup> Pool Name					* Pool Code		
30 - 0 <sub>15-22956</sub> Property Code 2/293 25/56			Turkey Track Atoka (Gas)  • Property Name  State HL 11					86445 *Well Number 1				
II. 10 St	irface :	Location							-			
N	iection 11	Township 19S	Range 29E	Lot.ldn	Feet from the		i <b>outh Line</b> 1th	Feet from the 1980	East/Wes			
		Hole Loc				1				<del></del>		
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/	South line	Feet from the	East/Wes	t line County		
12 Lee Code	<sup>13</sup> Produci	ng Method Ce	nde Gas	Connection Dat	E 15 C-129	Permit Number	<u>-</u>	C-129 Effective	e Date	<sup>17</sup> C-129 Expiration Date		
III. Oil and	d Gas	Transpor	ters									
		Transporter Name and Address			20 POD 21 O/G			<sup>22</sup> POD ULSTR Location and Description				
9171	GPN	1 Gas Co	orporati 	.on	9675	30	G					
22628 Texas -		cas - NN	NM Pipeline		28128	2812807 0						
									000	PECOLOGICAL STATES		
										608918-16.		
IV. Produc		ter										
V. Well Co		ion Data			* PO	D ULSTR Lea	ntion and D	escription				
Spud D		26.]	Ready Date		" TD		* PBTD		rations	<sup>30</sup> DHC, DC,MC		
31 Hole Size			n (	Casing & Tubing	g Size	33 Depth Se				<sup>34</sup> Sacks Cement		
									Don	led In-3		
								12.17-9		.17-99		
										les so		
										8		
VI. Well T												
			Gas Delivery Date		37 Test Date		<sup>36</sup> Test Length		37 Tbg. Pressure 46 Cag. Pressure			
<sup>41</sup> Choke Size <sup>47</sup> I hereby certify that the rules of the Oil		Oil Water			<sup>44</sup> Gas		<sup>45</sup> AOF <sup>46</sup> Test h		4 Test Method			

VI. Well Test Da	ata			<del></del>				
B Date New Oil	34 Gas Delivery Date	<sup>37</sup> Test Date	38 Test Length	39 Tbg. Pressure	<sup>40</sup> Cag. Pressure <sup>40</sup> Test Method			
41 Choke Size	4 Oil	4 Water	44 Gas	4 AOF				
with and that the information knowledge and belief. Signature:	ales of the Oil Conservation Division given above is true and complete	sion have been complied to to the best of my	OIL CONSERVATION DIVISION  ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR  ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR					
Sue A	nn Craddock		Title:					
Title: A-I-F			Approval Date: /2-14-94					
Date: 11/12/	99 Phone:			12/11	}			
" If this is a change of op-	rator fill the OGRID numb	er and name of the prev	-	Vice-Preside	ent 11-12-99			
Previous (	perator Signature		John M. Hillman	Title				
ROCA Resourc	e Company, Inc.	OGRID #1523	74		Date			

## New Mexico Oli 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.
- Reason for filing code from the following table:

  NW New Well

  RC Recompletion

  CH Change of Operator (Include the effect

  AO Add oil/condensate transporter

  CO Change oil/condensate transporter

  AG Add gas transporter

  CG Change gas transporter

  RT Request for test allowable (Include 3.

Hecompletion
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)

other reason write that reason in this have

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
- R. 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
- 12. Lease code from the following table: Federal

S

State Fee Jicarilla

Navajo Ute Mountain Ute Other Indian Tribe

13. 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.
- 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.
- Product code from the following table:
  O Oil
  G Gas 21.

- 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 her monumber the district office will assign a number and write it here. 23.
- 24. well comple (Example: " Tank",etc.)
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 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. 30.

- 31. Inside dismeter of the well bore
- 32. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- 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.

- 35. MO/DA/YR that new oil was first produced
- 36. MO/DA/YR that gas was first produced into a pipeline
- 37. MO/DA/YR that the following test was completed
- 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
- Barrels of oil produced during the test 42.
- 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
- 46. The method used to test the well:

Flowing Pumping Swabbing

If other method please write it in.

- The signature, printed name, and title of the person authorized to make this report, the data 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.