

District II
1301 W. Grand Avenue, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
1220 S. St. Francis Dr., Santa Fe, NM 87505

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

Submit one copy to appropriate District Office

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address Marshall & Winston, Inc. / P. O. Box 50880 Midland, TX 79710-0880		² OGRID Number 14187
⁴ API Number 30-025-39946		³ Reason for Filing Code/ Effective Date NW 04/11
⁵ Pool Name Teas Bone Springs		⁶ Pool Code 58960
⁷ Property Code 38335	⁸ Property Name Laguna Deep Unit 35 Federal	⁹ Well Number 1

¹⁰ Surface Location									
UL or lot no. I	Section 35	Township 19S	Range 33E	Lot Idn	Feet from the 2310	North/South S Line	Feet from the 330	East/West line East	County Lea

¹¹ Bottom Hole Location									
UL or lot no. L	Section 35	Township 19S	Range 33E	Lot Idn	Feet from the 2146 2310	North/South line South	Feet from the 4945 330	East/West line West E	County Lea
¹² Lse Code F	¹³ Producing Method Code P	¹⁴ Gas Connection Date	¹⁵ C-129 Permit Number		¹⁶ C-129 Effective Date		¹⁷ C-129 Expiration Date		

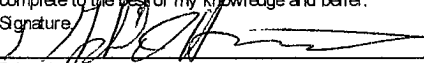

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ O/G/W
221115	Frontier Field Services LLP 4200 E. Skelly Dr., Suite 700 Tulsa, OK 74135	G
34053	Plains Marketing, L.P. 10 Desta Drive Suite 200 E Midland, TX 79705	O

IV. Well Completion Data

²¹ Spud Date 11/07/10	²² Ready Date 04/06/11	²³ TD 13,924'	²⁴ PBDT 13,499'	²⁵ Perforations 11515-13430'	²⁶ DHC, MC
²⁷ Hole Size 17 1/2"	²⁸ Casing & Tubing Size 13 3/8"	²⁹ Depth Set 1375'	³⁰ Sacks Cement 1230 sx		
12 1/4"	9 5/8"	4873'	1250 sx		
8 3/4"	7"	9739'	2475 sx		
6 1/8"	4 1/2" 2 7/8"	13,499' 8964'	425 sx		

V. Well Test Data

³¹ Date New Oil 4/11/11	³² Gas Delivery Date	³³ Test Date 04/15/11	³⁴ Test Length 24 hrs	³⁵ Tbg. Pressure 100#	³⁶ Csg. Pressure 50#
³⁷ Choke Size 10	³⁸ Oil	³⁹ Water 515	⁴⁰ Gas TSTM	⁴¹ Test Method 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: 			OIL CONSERVATION DIVISION		
Printed name Gabe Herrera			Approved by: 		
Title Engineer			Title: PETER HERRERA ENGINEER		
E-mail Address: gherrera@mar-win.com			Approval Date: JUL 07 2011		
Date: 04/27/11		Phone: 432-684-6373			

CONFIDENTIAL

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.

COMINGLED

RECEIVED
2011 MAY -6 PM 12:35
BUREAU OF LAND MGMT
CARLSBAD FIELD OFFICE