District I PO Box 1980, Hobbs, NM \$8241-1980 District []

PO Drawer DD, Artmis, NM \$8211-0719

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 Revised February 21, 1994 Instructions on back

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AMENDED	REPORT

District III 1000 Rio Brazos Rd	l., Azlec,	NM 87410	•	Santa	PO E	Box 2088 IM 8750	}		Subi	nit to A		riate District Of 5 Co
District [V <sup>1</sup> O Box 2088, Santa '			T FOR A						יוראו דר דו			ENDED REPO
I. REQUEST FOR ALLOWABLE AND AUTHORIZATIO  Operator name and Address							ON TO TRANSPORT					
Dallas Production, Inc. 4600 Greenville Avenue, Suite 200							1	00	)5736			
Dallas, TX. 75206							\(\int_i\).	' Reason for Filing Code CH (Effective 11/01/94)				
*API Number 30 - 0 25-03624 CROSSROADS DE					DEVON	'Pool Nam		<u> </u>	* Pool Code 13590			
-	ty Code	.,		1 0		Property No	i (De		* Well Number			
.01146 I. <sup>10</sup> Sur	-•	ocation		eral G				<del></del>				001
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UL or lot no. Sec	rtion	Township	Range	Lot Ida	Feet f	rom the	North/Se	outh line	Feet from the	East/W	Vest line	County
<sup>12</sup> Lee Code 12 1	Producia I	g Method Co	ode " Gas	Connection D	ale "	C-129 Perm	it Number	10	C-129 Effective	Oate	" C.	129 Expiration Date
I. Oil and	Gas T	`ranspor	ters								L	
Transporter OGRID		ţ•	Transporter ! and Addres			<sup>21</sup> PO	D	31 O/G	1		LSTR La	
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<b>POD</b> 2548850						" POD UL	STR Locati	on and De	ecription			
. Well Com	pletic	n Data						<del></del>	· · · · · · · · · · · · · · · · · · ·			
<sup>M</sup> Spud Da	le		* Ready Da	ie		" ТО			» РВТО			Perforations
05/21/60		08	/04/60		120	70 '						
— Hol	le Size		" с	asing & Tubis	ng Sine			Depth Set			<sup>35</sup> Secki	Cement
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. Well Tes											<del></del>	
M Date New Oil	•	M Gas De	livery Date	* Te	st Date	77 Test Length		31 Tbg. Pressure		7	Csg. Pressure	
" Choke Size		4 Oil 4 Water		Waler	u Gas			" AOF			4 Test Method	
bereby certify that	the rules	of the Oil C	onservation Di	vision have bee	n complied			لــــــــــــــــــــــــــــــــــــــ				
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<b>e</b> :			dminist	rator		Approval	Date:		100 <u>4</u>	<del></del>		
le: 11-2	2-94		Phone 214	-369-9	266			10 / -	4 1994			
If this is a change			OGRID aum	ber and name	of the pre	vious operate	)r					
		rator Signat	ompany o	or Galif	ornia	Printed	Name		···	Title		Date
Sam J		ر ،			Ga	rv Dupi			Asset N			10-24-94

## F 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, 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 Dietrict office. 2.
- Reason for filing code from the following table:

  NW New Well

  RC Recompletion

  CH Change of Operator

  Add oil/condensate transporter

  CO Change oil/condensate transporter 3.

ÃĞ CG

or filing code from the following table:
New Well
Recompletion
Change of Operator
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 how

If for any other reason write that reason in this box.

- 4. The API number of this well
- 6. 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
- 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
- Lesse code from the following table:
  Federal
  State
  Fee
  J Jicarilla 12.

Navajo Ute Mountain Ute Other Indian Tribe

- 13. The producing method code from the following table: 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
- 17. MO/DA/YR of the expiration of C-129 approval for this
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- The number essigned 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 essign 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.)
- 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.
- 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.) 24.
- 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
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30 Inside diameter of the well bore
- Outside diameter of the casing and tubing 31.
- 32. Depth of casing and tubing. If a casing liner show top and
- 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
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42 Barrele of water produced during the test
- 43. MCF of ges produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- 45 The method used to test the well:

P Pumping
S Swabbing
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 46.
- 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 47.