

RECEIVED BY
MAY 6 1985
O. C. D.
ARTESIA, OFFICE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

1. PRORATION OFFICE

ARTESIA, OFFICE

Operator

EP Operating Company

Address

P.O. Box 4815, Midland, TX 79704

Send(s) for filing (Check one or box)

New Well ☐ Drilling ☐ Completion ☐ Production ☐ Other (Please explain)

If change of ownership give name of new owner: Emerald Energy, L.P., P.O. Box 4815, Midland, TX 79704

DESCRIPTION OF WELL AND LEASE									
Well Name	Section	Range	Township	County	State	Lease No.			
O'Brien "A"	2	South	High Plains	Chaves	N.M.				
North	M	660	South	660	Chaves				
Lease No.	30	Range	29-E	N.M.	Chaves				

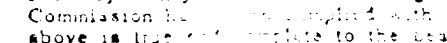
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil ☐ or Condensate ☒				Address (Give address to which approved copy of this form is to be sent)		
Phillips Petroleum Company-Trucks				4001 Penbrook, Odessa, TX 79763		
Name of Authorized Transporter of Crude and Gas ☐ or Dry Gas ☒				Address (Give address to which approved copy of this form is to be sent)		
Liquid Energy Corporation				P.O. Box 4000, The Woodlands, TX 77387-4000		
If well produces oil or liquids, give location of tanks.	Salt	Sec.	Exp.	Pre.	Is gas actually collected?	When
	M	30	7S	29E	Yes	7/16/81

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		F.B.T.D.			
Elevations (DF, KKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
					Past ID-3			
					6-14-85			
					Chg Op			

V. TEST DATA AND EQUIPMENT FOR ALLOCATION (Test must be after recovery of initial volume of fluid oil and must be equal to or exceed design flow rate for the depth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Well No.	Oil Produced	Gas Produced
Actual Prod. During Test	Test Results	Oil Produced	Gas Produced

GAS FILL			
Asst. In Charge: P.D.	Inspector: []	Case No. []	Quantity of Gas Filled []
Testing: []	Testing Procedure (Start-in) []	Testing Procedure (Start-in) []	Price: \$ []

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
I hereby certify that I and each agent of the Oil Conservation Commission have complied with and that the information given above is true and complete to the best of my knowledge and belief.		JUN 12 1985	
		APPROVED _____, 19__	
_____ District Production Manager, New Enserch Exploration Inc. Managing General Partner		BY _____ <u>Les A. Clements</u> Supervisor District II	
_____ (Date)		This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allowable on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition. Separate Forms C-104 must be filed for each pool in multiply completed wells.	