

2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
— Energy, Minerals & Natural Resources Department

Form C-104

Revised October 18, 1994

Instructions on back

Submit to Appropriate District Office

5 Copies

OIL CONSERVATION DIVISION

2040 South Pacheco

Santa Fe, NM 87505

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

| | | |
|--|-----------------------|------------------------|
| Operator name and Address | | OGRID Number |
| HS Resources, Inc. 6666 S. Sheridan, Ste 250 Tulsa, Ok 74133 | | 155567 |
| | | Reason for Filing Code |
| | | CH/Effective 7/01/96 |
| API Number | Pool Name | Pool Code |
| 30 - 005-62007 | PECOS SLOPE ABO | 82730 |
| Property Code | Property Name | Well Number |
| 15584-19289 | McCLELLAN MOC FEDERAL | 6 |

II. ¹⁰ Surface Location

| | | | | | | | | | |
|----------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| U/I or lot no. | Section | Township | Range | Lot.Idn | Feet from the | North/South Line | Feet from the | East/West line | County |
| F | 30 | 5S | 25E | | 1980 | North | 1980 | West | Chaves |

¹¹ Bottom Hole Location

| | | | | | | | | | |
|-----------------|------------------------------|-----------------------|-------|---------|-----------------------|------------------|------------------------|----------------|-------------------------|
| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
| " Use Code F | " Producing Method Code F | " Gas Connection Date | | | " C-129 Permit Number | | " C-129 Effective Date | | " C-129 Expiration Date |

III. Oil and Gas Transporters

| " Transporter OGRID | " Transporter Name and Address | " POD | " O/G | " POD ULSTR Location and Description |
|------------------------|---|---------|-------|---|
| 147831 | AGAVE ENERGY CO. 105 S. Fourth Street Artesia, NM 88210 | 1895430 | G | |
| | | | | |
| 18053 | PRIDE PIPELINE | 1895410 | O | |
| | | | | |
| | | | | |
| | | | | |
| | | | | JUN 24 1996 |
| | | | | GIL CON. DIV. |

IV. Produced Water

| | |
|------------------|--------------------------------------|
| " POD 1895450 | " POD ULSTR Location and Description |
|------------------|--------------------------------------|

V. Well Completion Data

| | | | | | |
|--------------------|------------------------|-------------|--------------------------------|----------------|---------------|
| " Spud Date | " Ready Date | " TD | " PBD | " Perforations | " DHC, DC, MC |
| " Hole Size | " Casing & Tubing Size | " Depth Set | " Sacks Cement | | |
| | | | Port ID-3 8-16-96 chg op | | |
| | | | | | |
| | | | | | |
| | | | | | |
| VI. Well Test Data | | | | | |

VI. Well Test Data

| | | | | | |
|----------------|---------------------|-------------|---------------|-----------------|-----------------|
| " Date New Oil | " Gas Delivery Date | " Test Date | " Test Length | " Tbg. Pressure | " Csg. Pressure |
| " Choke Size | " Oil | " Water | " Gas | " AOF | " Test Method |

"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: _____

Printed name: Karla Johnson

Title: Production Tech

Date 6-11-96

Phone 918/488-8962

OIL CONSERVATION DIVISION

Approved by:

ORIGINAL SIGNED BY TIM W. GUM

Title: DISTRICT SUPERVISOR

Approval Date:

MAY 23 1996

~~JUN 27 1996~~

“ If this is a change of operator fill in the (OGRU) number and name of the previous operator

023067

Karla Johnson

Proration Analyst 6/11/96

Previous Operator Signature

Printed Name _____

Title

State

New Mexico Oil Conservation Division
C-104 Instructions

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 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
2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
3. Reason for filing code from the following table:
NW New Well
RC Recompletion
CH Change of Operator (Include the effective date.)
AO Add oil/condensate transporter
CO Change oil/condensate transporter
AG Add gas transporter
CG Change gas transporter
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. MO/DA/YR that this completion was first connected to a gas transporter
15. The permit number from the District approved C-129 for this completion
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 completion
18. The gas or oil transporter's OGRID number
19. Name and address of the transporter of the product
20. 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.
21. Product code from the following table:
O Oil
G Gas
22. 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.)
23. 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.
24. 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.)
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
29. Top and bottom perforation in this completion or casing shoe and TD if openhole
30. 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.

31. Inside diameter of the well bore
 32. Outside diameter of the casing and tubing
 33. Depth of casing and tubing. If a casing liner show top and bottom.
 34. Number of sacks of cement used per casing string
- 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
 39. Flowing tubing pressure - oil wells
Shut-in tubing pressure - gas wells
 40. Flowing casing pressure - oil wells
Shut-in casing pressure - gas wells
 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
 46. The method used to test the well:
F Flowing
P Pumping
S Swabbing
If other method please write it in.
 47. 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
 48. 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