District I PC' Box 1980, Hobbs, N	NN 88241-1	9RO	~			New Me Natural Resour	XICO rces Departme	nt .		Re		Form C-104 October 18, 1994
District II Att South First, Artesiz District III	a, NNI 8821	0	С			VATION outh Pact	DIVISIO	ON	Subm	it to App		tructions on back te District Office 5 Copies
1000 Rin Brazos Rd., Aztec, NNI 87410			Santa Fe, N						·			·
District IV 2040 South Pacheco, Sa	inta Fe, NA	1 87505							:		лме	NDED REPORT
<u>I.</u>	REQU					AND A	UTHORI	ZAT	ION TO TR			
HS Resourc	es. In		perator na	nie and A	ddress					' OGRIN		r
6666 S. Sheridan, Ste 250										1 55567 Reason for Filing Lode		
Tulsa, Ok	74133								CH/Effec			
ATI Num	' Pool Name									vol Code		
30 - 0 05-62611			PECOS SLOPE ABO						82735		-82730	
15579 19292			' Prope PENJACK FEDERAL				lame		7			ell Number
I. ¹⁰ Surfac			THUM					<u> </u>			/	
Ul or lot no. Section	1 Town	iship	Range	Lot.Idn	Fee	from the	North/Sou	th Line	Feet from the	East/We	st line	County
I 7		0S	26E		19	980	South		660	East		Chaves
¹¹ Bottor			ion							• <u> </u>		
UL or lot no. Section	n Tow	nship	Range	Lot Idn	Fee	t from the	North/Sou	th line	Fect from the	East/We	st line	Connty
¹⁷ Lse Code ¹¹ Pro	ducing Met	hod Code	" G=+	Connectio	n Date 1	" C-129 Per	nai Number	· · · · ·	C-129 Effective 1			29 Expiration Date
F	 न					(-12) I (I)	inac i vurance i		C-129 Ellective I	Jate	C-1	zy expiration Date
II. Oil and Ga	as Tran	sporte	-1 rs		<u>I</u> _			1		I.		
Transporter ()(RID		"Tr	ansporter l and Addres			۳ ۳	OD	" O/G	2	POD UL		
147831	AGAVE		GY CO.			18789	20			and De	scriptio	h
			rth St			10709	30	G				
	Artes	ia, N	M 882	210								
18053	PRID	6 71	pen	170		2812	2734	\underline{O}				
					-	1.1.1.1						
											Pos	+TA-3
V. Produced	Water										702	-16-96
"run 187895	0					" POD U	ILSTR Locatio	on and I	Description		ð	heap
Well Comp		Data			· · · · · · · · · · · · · · · · · · ·							<u>] </u>
Spud Date			idy Date		¹⁷ 1	D	" PBT	 D	" Perfora	tions	,	DHC, DC.MC
												met netme
" Hole :	Size		" (Casing & T	Fubing Size		3 ¹ I	Depth Se	rt		" Suck	s Cement
T 117_11 (* -	1)									JUN	124	1035
I. Well Test		Gas Deliv	ery Date	· · · · · ·	" Test Dat	 			1 1		 	
			17#LT		4 CSU 1781		³⁴ Test Len	gin	" Thg, Fr	essure		* Csg: Pressure ^{ti}
" Choke Size	" Choke Size .		Oll "Water				" Gas		" AU	DF		* Test Micthod
1 hereby easily star at		02.5		<u> </u>								
I hereby certify that the with and that the inform:	ie rules of th ation given :	ahove is K	servation D ve and com	nvision hav	e been com best of my	plied	011	L CO	NSERVAT	ם אסו	1/16	ION
mousingles at 13 Mart		(h	MAN	$, \gamma$	•	Appro	ved by:	- •			- 10	
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nowledge and belief. Signature:	<u>uyu</u>	11				i file:		D1	STRICT NOT		. Jek	
Signature Crimed name Karl	a John											
Printed name Karl			Phou- 0	10// 0	0 00/0		val Date:	JU	L 23 1996			HN 2 17 1000
Signaliure Signaliure Signaliure Signaliure Karl Side Fride Production Date 6-11-96	on Tec	h			8-8962			JU	L 23 1996		J	UN <u>2 7 1998</u>
nowledge and belief, Signalure Karl Critted name Karl	on Tec	h	SRID nu			e previous op				tion /	J Analy	UN 27 1998 yst 6/11/96

IF 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 deepeded 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

3.

12.

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 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) requested) If for any other reason write that reason in this box.
- The API number of this well 4.
- Б.
- The name of the pool for this completion
- ô. The pool code for this pool
- 7 The property upde 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 State 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
 - 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: Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14. 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
- MO/DA/YR of the expiration of C-129 approval for this 17. 18.
- The gas or oil transporter's OGRID number

Name and address of the transporter of the product 19.

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 hers. 20.

- 21. Product code from the following table: D G Oil Gas
- 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 to operate if this is a new well or recompletion and this POD the for number the district office will assign a number and write there. 23.
- The ULSTH location of this POD if it is different from the well completion location and a short description of the POD (Example: "Bener; A Water Tank", "Jones CPD Water Tank", etc.) 24.
- 25. MO/DA/YE drilling commenced
- 26. MO/DA/YR this completion was ready to produce 17.
- Total vertical depth of the well 28.
- Plugback vertical depti
- Top and bottom perforation in this completion or casing shoe and TD I, openhole 29,
- Write in 'DHC' is this completion is downhole commingled with another of noietion, 'DC' if this completion is one of two non-of similarity of completions in this well bore, or 'MC' if there are most than three non-commingled completions in this well bore. 30.

- Inside diameter of the well bore 31.
- 32 Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- 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
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- 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
- 46. 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 war signed, and the telephone number to cell for questions about this report
- 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.