

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104
Revised February 21, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address TOM R. CONE ✓ P.O. BOX 1116 LOVINGTON N.M. 88260		OGRID Number 188152
Reason for Filing Code CH EFF. 4/1/00		
API Number 30 - 0 15-03457	Pool Name TURKEY TRACK 7RVS, QN GB SAN ANDRES	Pool Code 61020
Property Code 26 395	Property Name CONE FEDERAL 22 FEDERAL	Well Number # 1

II. Surface Location

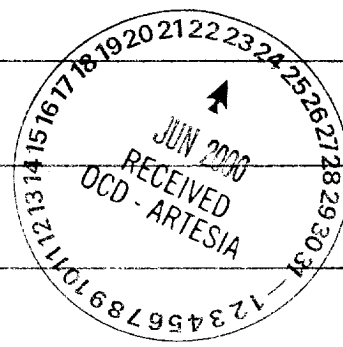
UL or lot no. M	Section 22	Township 18S	Range 29E	Lot Idn NMPM	Feet from the 330	North/South Line SOUTH	Feet from the 330	East/West line west	County EDDY
--------------------	---------------	-----------------	--------------	-----------------	----------------------	---------------------------	----------------------	------------------------	----------------

Bottom Hole Location

UL or lot no. M	Section 22	Township 18S	Range 29S	Lot Idn NMPM	Feet from the 330	North/South line SOUTH	Feet from the 330	East/West line WEST	County EDDY
Lac Code F	Producing Method Code P	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
151192	ROTARY OIL & GAS PO DRAWER U JAL, NM 88252	2441210	0	M 22 18S 29E



IV. Produced Water

POD 2441210	POD ULSTR Location and Description M 22-18S-29E
----------------	--

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations	DIHC, DC, MC
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement		

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Thg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Css	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: *Kristy Staggs*

Printed name: KRISTY STAGGS

Title: AGENT

Date: 6/5/00

Phone: (505) 396-3681

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY TIM W. GUM
Title: DISTRICT II SUPERVISOR

Approval Date: JUL 28 2000

If this is a change of operator, fill in the OGRID number and name of the previous operator

21386 *Kristy Staggs*

SOUTHERN INC. *Kristy Staggs* AGENT 6/5/00

Previous Operator Signature

Printed Name

Title

Date

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

RECEIVED

APR 29 1993

C. L. D.

CLSF
YT
JP

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator GMC-Company Southwestern Inc.		Well API No. 300150345700S1
Address P.O. Box 1116, Lovington, N.M. 88260		
Reason(s) for Filing (Check proper box)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	Other (Please explain) Change of Operator from GMC Company to Southwestern Inc.
Recompletion <input type="checkbox"/>		
Change in Operator <input checked="" type="checkbox"/>		
If change of operator give name and address of previous operator GMC Company, P.O. Drawer 1509, Lovington, N.M. 88260		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cone Federal 22 Fed	Well No. 1	Pool Name, Including Formation Turkey-Track-Queen-Graybufg	Kind of Lease State, Federal or Fee Fed	Lease No. NM024881
Location Unit Letter M : 330 Feet From The South Line and 330 Feet From The West Line Section 22 Township 18S Range 29E, NMPM, Eddy County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1183, Houston, Texas 77001					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 22	Twp. 18S	Rge. 29E	Is gas actually connected? No	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, 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 Part ID-3 5-14-93 chg op			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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.

Bonnie Murph
Signature
Bonnie Murph
Printed Name
04-26-93
Date
396-2681
Telephone No.

Secretary
Title

OIL CONSERVATION DIVISION

MAY 10 1993

Date Approved

By ORIGINAL SIGNED BY

MIKE WILLIAMS

Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

2) All sections of this form must be filled out for allowable on new and recompleted wells.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.