State of New Mexico
Recry, Moorals & Natural Resources Dep

Form C 104 Chillipse Revised October 18, 1994

District II

311 South First, Artesia, NM 82210

OIL CONSERVATION DIVISION

vised October 18, 1994
Instructions on back
propriate District Office
5 Copies

District III 1000 Rio Braz	ns Rd., Asta	c. NM 87410	2040 South Pacheco						Subi	m w z	фргорга	uite District Office 5 Copi		
District IV		:	Santa Fe, NM 87505					AMENDED REPOR						
2040 South Pa				ALLOWAR	TFAI	יז אַ רוע	יזמ חנדדו	7 A T	ייי זיי	_ 				
	-		Operator a	ame and Address	LLC PO	ND AUTHORIZATION TO				OGRID Number				
UNITE					182560									
1001 WESTBANK DRIVE AUSTIN, TX 78746									Resson for Filing Code					
'API Number											CH 6/1/99			
30 - 0 10		Pool Name			° Pool Code									
Property Code			BENSON QUEEN GRAYBURG, NO					RTH	H 05300					
020058 24811			' Property Name NORTH BENSON QUEEN L								* Well Number			
II. 10 Surface Location							-		195					
Ul or lot no.	Section	Township	Range	Lot.ldn	Feet from	n the	North/Sout	h Line	Feet from the	East/V	Vest line	County		
I			30E			980 5			60	1 6	EDDY			
11 Bottom Hole Location														
UL or lot no.	- 100		ip Range Lot Idn 30E		Feet from the		North/South line		Feet from the	East/V	Vest line	County		
12 Lee Code	33	ing Method (80	5		660	`	\equiv	EDDY		
F		P	JOSE GE	Connection Date	" ° C	-129 Permi	t Number	н	C-129 Effective	Date	" C-1	29 Expiration Date		
III. Oil and Gas Transporters														
" Transpor			Transporter	Name		28 POD 21 O/G			²² POD ULSTR Location					
OGRID		and Address							and Description					
	30.03	GULFMARK ENERGY, INC. 1					881110 O							
GPM GA		GPM GA	S CORP	ORATION	282	321755 G			1 1 1 1 1 1 1 1 1 1					
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	A91572					- 12 Th 44 Th								
V Produ	ced Wa	•												
	OD Wa	ter												
					_	POD ULS	TR Location	and De	ecription					
7. Well C	ompleti	on Data												
2 Spud Date			36 Ready Date 27 -			* PBTD			* Perforat		T = =	h::0		
											» DHC, DC,MC			
31 Hole Size			21 Casing & Tubing Size			33 Depth Set				[™] Sacks Cement				
									Do		when ID-3			
										8-20-99				
			 							Cho DP				
I. Well 7	Cart Des	·	<u></u>			J. J. J.								
Date New	Oil Dat		livery Date	77-										
	. –	PE		" Test I	Pate	,	Test Length	\neg	" Tbg. Pre	ant.	7 *	Cag. Pressure		
" Choke	Size	4	Oil	4 Wat			# 0							
				*******		-	4 Ges		* AOF		* Test Method			
I hereby certify	that the rule	of the Oil C	onservation Div	vision have been o	omplied [<u></u>					<u>i </u>			
nowledge and belief.							OIL CONSERVATION DIVISION							
ignature:						Approved by: ORIGINAL SIGNED BY TIM W. GUM								
michael T. Yeays							Title: DISTRICT II SUPERVISOR 36x							
ide: President						Approval Date:								
ate: 07/08/99 Phone: (512) 328-8184							8.12.99							
his is a cha	nge of open	stor fill in the		ber and name of	- 11	us operato								
unell	10-		Rapt	or Resour	ces, In	c. 162		ısse	ll Douglass	Pı	eside	nt 5/12/00		
Raptor Resources, Inc. 162791 Russell Douglass President 5/12/99 Previous Operator Signature Printed Name Title Date											Data			

New Mexico Oil Censervation Division C-104 Instructions

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 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.

separate C-104 must be filed for each pool in a multiple mpletion.

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 District office.
- Reason for filing code from the following table: NW New Well 3.

New Well
Recompletion
Change of Operator (include the effective date.)
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 box

RC CH AO CO AG CG RT

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

- The API number of this well 4.
- The name of the pool for this completion 5.
- The pool code for this pool 6.
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 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
- Lease code from the following table: 12.

13.

Federal State Fee Jicarilla

Navajo Ute Mountain Ute Other Indian Tribe

- 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 transporte
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- 17. MO/DA/YR of the expiration of C-129 approval for this
 - 18. The gas or oil transporter's OGRID number
 - Name and address of the transporter of the product
 - 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. 20.
 - 21. Product code from the following table:
 O Oil
 G 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 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. 23
- 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 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.
- 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. 30.

- 31 Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- 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
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- Barrels of oil produced during the test 42.
- 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:

Pumping 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 47.
- 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.