District I PO Box 1980, I District II	Hobbe, NM	86241-1980	]	State of New Mexico Energy, Minerals & Natural Resources Depe					Form 2004 () Revised October 18, 1994 () Instructions on back					
811 South First, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Astec, NM 87410 District IV			0	OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505					Submit to Appropriate District Office 5 Copies					
2040 South Pac				LLOWAE	BLE AN	ID AU	THORI	ZATI		RAN				
			Operator nam						,0	<sup>3</sup> OGRID Number				
UNITED OIL & MINERALS, INC. 1001 WESTBANK DRIVE AUSTIN, TX 78746							183				2560 'Ranson for Filing Code			
										CH 6/1/99				
30-0	191 Number 5 - 10	124	BEN	' Pool Name BENSON QUEEN GRAYBURG, NORTI							* Pool Code 05300			
' Pr 020958	roperty Cod	e 7- //		* Property Name NORTH BENSON QUEEN UNIT						'Well Number				
	010	Location									15			
Ul or lot no.	or lot no. Section Township		Range 30E				North/Sout	Feet from the	East	County EDDY				
			cation			0 3			F180 W			<u> </u>		
UL or lot no.	Section	Township 18S	Range 30E	Lot Idn	Fert from		North/Soc	th line	Feet from the 1980	Ea	st/West line	County EDDY		
" Lae Code		ing Method (	Code <sup>M</sup> Ges (	Connection Dat	Annual Inc. M		it Number	'	C-129 Effectiv	e Date	"C	-129 Expiration Date		
F     P     6/1/99       III. Oil and Gas Transporters     6/1/99														
	"Transporter "			Transporter Name and Address			POD <sup>21</sup> O/G		<sup>22</sup> POD ULSTR Location and Description					
GULFN			IARK ENERGY, INC. 188			31110	1110 O							
GPM G			AS CORPORATION 282			21755	1755 G							
									OCD AFECE ASIA					
								TRIESIA						
				<del></del>										
IV Deed														
	uced W			<u></u>		POD UL	STR Locatio	n and I	Description	<del> </del>				
V Well (	Comple	tion Dat					·····							
V. Well Completion Data			a * Ready Date				= PBTD		* Perforations			* DHC, DC,MC		
<sup>31</sup> Hole Size			<sup>22</sup> Casing		& Tubing Size		" Depth Se					<sup>24</sup> Secks Cement		
								•	$\mathcal{L}$	oste	$d \pm 0.3$			
										8-20-99				
										tella of				
VI. Well				· · · · · · · · · · · · · · · · · · ·		<u></u>								
<sup>14</sup> Date New Oil		<sup>36</sup> Gas Delivery Date		37 Test Date			<sup>38</sup> Test Length		" Tbg. Pressure		re	" Cag. Pressure		
41 Choke Size		4 00		<sup>13</sup> Water			<sup>44</sup> Ges		4 AOF			** Test Method		
with and that th	ie infograzije	ules of the Oi	Conservation D	ivision have bee plete to the best	n complied of my		OII	, CO.	NSERVA'		יזעזת נ	SION		
knowledge and perfet. Signature							OIL CONSERVATION DIVISION Approved by: ORIGINAL SIGNED BY TIM W. GUM							
Printed name: Michael T. Peays							DISTRICT II SUPERVISOR BOX							
Title:		ident		Approval Date: 8.12-99										
		8/99 Acrator fill in	the OGRID nut	12) 328-			zior							
Kum	ut	Operator Sig	Rap	otor Reso		Inc. 1	62791	Russ	sell Dougla	ass		dent 5/12/99		
		V				Print	od Name				Thie	Date		

## New Mexico Oil Conservation 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.

ŧI

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

3.

- 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 NW RC CH AO CO

  - RC
     Recompletion

     CH
     Change of Operator (include the effective date.)

     AO
     Add oil/condensate transporter

     CO
     Change oil/condensate transporter

     AG
     Add ges transporter

     CG
     Change gas transporter

     RT
     Request for test allowable (include volume requested)

     If for any other reason write that reason in this box.
- The API number of this well 4.
- 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
- 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: F Federal S State P Fee J Jicarilla N Navajo U Ute Mountain Ute I Other Indian Tribe 12.
- 13. The producing method code from the following table: Flowing Pumping or other artificial lift þ
- MO/DA/YR that this completion was first connected to a gas transporter 14.
- 15. The permit number from the District approved C-129 for this completion
- 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 completion
  - 18. The gas or oil transporter's OGRID number
  - 19. 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.
  - Product code from the following table: O Oil G Gas 21.

  - The UI.STR 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 monumber 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
  - MO/DA/YR this completion was ready to produce 26.
  - 27. Total vertical depth of the well
  - 28. Plugback vertical depth
  - Top and bottom perforation in this completion or casing shoe and TD 참 openhole 29. 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
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- Number of sacks of cement used per casing string 34

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.

- MO/DA/YR that new oil was first produced 35.
- 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.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 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
- The method used to test the well: 46.
  - Pumping Swabbin P
  - ng
    - 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.

- -