District I PO Box 1980, H District II	- suar	State of New Reergy, Mixerals & Natural F						Form C-104 Revised October 18, 1994					
Vill South First, Artesia, NM 52210 District III 1000 Rio Brazos Rd., Astec, NM 57410 District IV			(	OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505						Instructions on back Submit to Appropriate District Office 5 Copies			
2040 South Pack				LL	OWAB	LE A	ND AU	THOR	IZATI	ION TO TH			
Operator name and Address											<sup>2</sup> OGRID Number		
1001 WESTBANK DRIVE AUSTIN, TX 78746							ŀ			182560 'Reason for Filing Code			
										(	CH 6/1/	99	
1 API Number 30-0 15 - 10153			BE	NSC			' Pool Nam					* Pool Code 05300	
'Pr					Property Na	ane.	UNIT	•	* Welt Number				
<del>920958</del> I. <sup>10</sup> S	- / /	Location		NORTH BENSON QUEE								13	
Ul or lot no.			Range Lot.Idn Fee				from the North/South Line			Feet from the	East/West li	EDDY	
-	1 29 18S			30E			<u>480 S</u>			660 E EDDT			
UL or lot no.	lot no. Section Townshi		Range Lot Idn F				et from the North/South lin			Feet from the	East/West H	ne County	
Lee Code	29 " Portu	18S	30E		ection Date		80 C-129 Perm	<u> </u>		660	Ē	EDDY	
F	f						C-129 Ferm	a number		C-129 Effective 6/1/99	Date "	C-129 Expiration Date	
		Transpo											
OGRID				Transporter Name and Address				D	" O/G	<sup>22</sup> POD ULSTR Location and Description			
GULFMA			ARK ENE	RK ENERGY, INC.				- CRASSE	0	And the second sec			
GPM G		SCORPORATION				821755							
GFINIGA			SCURPURATION					G	The Contraction and the Contraction of the Contract				
01000000000000000000000000000000000000	2.27725			;	<u>.</u>			x (3.6 + 97 + 1	est sty		10 10 Elle	-1/	
										<sup>SS</sup> IA			
and the second growth and	60.00										- 		
V. Produ	iced W												
	OD						* POD UL	STR Locat	ion and D	Description	- <u></u> .		
111-11 (													
V. Well Completion Data Spud Date PR			a • Ready Date	lendy Date n T				* PB	m	* Perfor	ting I	B DUC DC MC	
										reion		» DHC, DC.MC	
<sup>31</sup> Hole Size				<sup>33</sup> Casing & Tubing Size				<sup>23</sup> Depth Se			3 14	Sacks Cement	
			+								post	IN TO J	
											S.h.	$\Lambda D D D$	
I. Well '											<u> </u>	1-011	
1. Well <sup>38</sup> Date Ne	_		Delivery Date	<u> </u>	" Test	Date	<u> </u>	" Test Les		200.00			
									· * Tbg. Pi	rempure	<sup>46</sup> Cag. Pressure		
41 Choke Size			4 Oll 4 Wate							" AOF		" Test Method	
<sup>7</sup> I hereby certify with and that the	y that the i	rules of the Oil	Conservation I	Division place u	have been	complied							
inowledge and b		Jor Va				,		OIL CONSERVATION DIVISION ORIGINAL SIGNED BY TIM W. GUM					
Printed name:								Title:					
Michael T. Peays Tide: President							Approval Date:						
Date: 07/08/99 Phone: (512) 328-8184								8.12-99					
Rune	ange of o	penator fill in											
<u> </u>		Operator Sig	r\d		NESOL	irces,	Inc. 16 Printe	52791 d Name	KUSS	ell Douglas	SS Pres	bident 5/12/99	

## New Mexico Oil Conservation Divis C-104 Instructions

## IF THIS IS AN AMENUED 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.

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 uddress

З.

- 2. 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

   RC
   Recompletion

   CH
   Change of Operator (include the effective date.)

   AO
   Add oil/condensate transporter

   CO
   Change oil/condensate transporter

   CG
   Change oil/condensate transporter

   RG
   Add ges transporter

   RG
   Condensate transporter

   RT
   Request for test allowable (include volume requested)

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
- 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. If the for 1 Oth
- 11. The bottom hole location of this completion
- Lease code from the following table: F Federal S State P Fee J Jicarilla 12.

JNU

- Navajo Ute Mountain Ute Other Indian Tribe
- 13. The producing method code from the following table: Rowing 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
  - 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 here. 20.
  - Product code from the following table: O Oil G Gas 21.
  - 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 mynumber 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 Tank", etc.) 24.
  - MO/DA/YR drilling commenced 25.
  - 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
  - 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
- Outside diameter of the casing and tubing 32.
- 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
  - MO/DA/YR that the following test was completed 37.
  - Length in hours of the test 38.
- 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
- Gas well calculated absolute open flow in MCF/D 45.
- 46. The method used to test the well:

  - F Flowing P Pumping S 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.