State of New Mexico

Form C-104 (14)

PO Box 1980, Hobbs, NM 58241-1980			Energy, Minerals & Natural Resources Department						Revised October 18, 1994				
District II 311 South First, Artesia, NM 38210			OIL CONSERVATION DIVISION						Instructions on back Submit to Appropriate District Office				
District III 1000 Rio Brazos Rd., Astec, NM 87410			2040 South Pacheco						5 Copies				
District IV	Ke., Ame,	, MM BISTS	Santa Fe, NM 87505						☐ AMENDED REPORT				
2040 South Pacheco, Senta Fe, NM 87505  I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT													
1.	K	EQUES		ITTOW AD		JAD AU	THURIZ	ZA II	ON TO TR				
UNITED OIL & MINERALS, INC.										<sup>1</sup> OGRID Number 182560			
1001 WE	ESTBA	NK DRI	•						Reason for Fling Code				
AUSTIN	N, TX 7	8746							CH 6/1/99				
'API Number			<sup>5</sup> Pool Name						<del></del>	<del></del>	• ;	Pool Code	
30-015-10193			BENSON QUEEN GRAYBURG, NORTH									05300	
Property Code			* Property Name							* Well Number			
<del>020958</del> 24811			NORTH BENSON QUEEN UNIT							23			
II. 10 Surface Location  Ul or lot no.   Section   Township   Range   Lot.ldn   Feet from the   North/South Line   Feet from the   East/West line   County													
	P 28		30E			30	North/South Line			East/West line		EDDY EDDY	
<del></del>		18S Hoie Lo				30	<u> </u>		330				
	Section	Township	Range	Lot Idn	Feet fr	om the	North/Sout	h line	Feet from the	Face/U	est line	Count	
[ P ]	28	185	30E		3	30	5		330	ε		County EDDY	
		ng Method C	ode H Gas	Connection Date		C-129 Perm	it Number	*	C-129 Effective I			17 C-129 Expiration Date	
F 1N3-TI		A						6/1/99					
III. Oil and Gas Transporters													
"Transporte	er	, ·	Transporter Name			» POD " O/G		22 POD ULSTR Location					
								and Description					
GOLFIIII			TRA BREROT, INC.			881110		677 M. W.					
							1635 Maria 1900						
(C.)		-GPM GAS CORPORATION 282					<del>21755 G</del>						
									DE 10.29				
								OCOLLEIVED					
								OCD - ARTESIA					
									<u> </u>			<del></del>	
**************************************	875 P.)						1999 A. 1996 A.						
IV. Produc	ced Wa												
TV. Produc		ter		<del> </del>	<del></del> -	× BOD III	CORD T						
POD ULSTR Location and Description													
V. Well C	ompleti	ion Data	<del></del>										
<sup>11</sup> Spud 1			Ready Date		TD TO		* PBTD		> Perfora	Perforations		DHC, DC,MC	
										-			
<sup>31</sup> Hole Size			22 Casing & Tubing Size			" Depth Se				<sup>™</sup> Sect	s Cement		
									Posted ID-7				
								· &		-20-99			
										felia De			
										unition .			
VI. Well T						- I					<del></del>		
33 Date New Oil		" Gas D	Delivery Date 7 To		t Date		3 Test Length		> Tbg. Pressure		* Cag. Pressure		
41 Choke Size		4	, Oil	Oil Wate		<sup>44</sup> Ges			4 AOF		+	4 Test Method	
<sup>47</sup> I hereby certify with and that the i knowledge and be	inidemarke) i	s of the Oil (	Conservation D	ivision have been plete to the best o	complied f my		OIL	COI	NSERVATI	ON D	)[VIS	ON	

ORIGINAL SIGNED BY TIM W. GUN DISTRICT II SUPERVISOR Michael T. Feays Approved by: Title: Title: President Approval Date: 8-12-49 Date: Phone: (512) 328-8184 perator fill in the OGRID number and name of the previous operator

Printed Name

Russell Douglass

President 5/12/99

Title

Raptor Resources, Inc. 162791

## 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.

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
- 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 3.

- NW RC CH AO CAG CRT

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 raquestad) 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
- 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
- 12. Lease code from the following table:

  - 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 13.

- MO/DA/YR that this completion was first connected to a 14. s transporter
- The permit number from the District approved C-129 for this completion 15.
- 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 an author the district office will every 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.
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- 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.

- 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
- Barrels of oil produced during the test 42.
- 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:
  F Flowing
  P Pumping
  S Swabbing 46.

S Swapping 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.