District PO Box District	Diatrict I PO Box 1980, Ilobba, NM 88241-1980 Diated II			State of New Mexico					- dst				
PO Drawe	PO Drawer DD, Artesia, NM 88211-0719 District II]			al en					Re	yized Fei	Form C-10 bruary 10, 199		
DRIVET 14	1000 Rio Brazos Rd., Aztec, NM 87410 District IV			Santa Fe. NM 87504 2000					Submit to Appropriate District Office 5 Copies				
PO Box 20 I.	188, Santa Fe,	NM 87504-208	T FOR						XX	AMEN	DED REPORT		
Barl	hana B		Operator	name and Add	ABLE AND	AUTHO	RIZA	TION TO	TRANSP	ORT			
Barbara Fasken 303 West Wall Avenue, Su Midland, Texas 79701				Suite 1900				0016	⁴ OGRID Number 001621				
	API Number				/					' Reason for Filing Code CG			
	30 - 0 15-20546			Completion oyd Cisco	n (Boyd-Morro	-Morrow)			* Pool Code				
004	Property Co 236	de	Property Name Arco "9" Morrison						72800				
II. IC	Surface Location				morrison					' Well Ni 1	*mber		
Ul or lot bo. B	Section 9	Township	Range	Lot.Idn	Feet from the	North/So	with Line	Feet from the]		
11		19S Hole Loca	25E		660	Nort		1980	East/West li	De	County		
UL or lot no B	Section	Township	Range	Lot Ida	Feet from the			1980	East	Ed	ldy		
" Lae Code	9	19S	25E		660	North/So		Feet from the	East/West En	•	County		
P	F	ng Method Code	_	Connection Data 15-72	e " C-129 Per	Nort	the second second	1980 C-129 Effective D	East	Ede	dv		
III. Oil a	nd Gas 7	Fransporte	rs	13-72						C-129 Exp	iration Date		
Transpo OGRID	rter	" Ti	ansporter N and Address	ame	¹⁰ PC		" O/G]		
015694								#	²² POD ULSTR Location and Description				
in in Neo You and a second	P. C Arte	O. Box 175 esia, New M	exico 88	210	096081	5E							
147831	Agav	e Enerou o											
	105 South Fourth Street Artesia, New Mexico 88210					0960830 / G B-09-19S-25E							
)E				
								DE	CEN	/EF			
						RECEIVED							
IV. Produc	ed Water	r						i i		300			
1 PO 0960850	D				" POD ULS	R Location a	nd Dese	OIL.	CON.	. Dh	1		
V. Well Co	mpletion	Data	-19S-25	E				ihero II	DICT.	ر ب			
¹¹ Spud E	Date		endy Date		" TD]		
H 11	ole Size						ы	РВТО	1* P	erforation			
	Je 512e		" Casing	& Tubing Size	³¹ Depth Set				" Sacks Cement				
							_		Diacka (cment			
VI. Well Tes Date New Of			· · ·		l								
Dille New Of		Gas Delivery D	ale	» Test Date	" Te	st Length		* Tbg. Pressure					
" Choke Size		" Oil		4 Water					/ "C	og. Pressu	re		
" I hereby certify that					1	Gas		" AOF	- T	est Method			
" I hereby certify that with and that the inform	ne rules of the nation given at	e Oil Conservatio bove is true and o	on Division b complete to t	ave been compli-			1						
	h and that the information given above is true and complete to the best of my wledge and belief. hature: Ollow Chompson					OIL CONSERVATION DIVISION							
rinted name Dollene	Thomas	rom	RACK	<u> </u>	Approved by:	ORIGI	NAL S	SANED BY T					
ile: Manager													
11/28/9	Manager Oil & Gas Marketing 11/28/95 Phong:15/687-1777						Approval Date: DEC 7 1995						
If this is a change of	operator fill i	in the OGRID n	umber and	77 name of the pre	Mous presenter								
the second s	is Operator S						_				=		
					Printed Name	1997 - 19		, itle		Dele			
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						r e]		

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 1, 11, 111, 1V, 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.

- Operator's name and address 1.
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- З.
- Reason for filing code from the following table: NW New Well RC Recompletion CH Change of Operator AO Add oil/condensate transporter CO Change oil/condensate transporter AG Add gas transporter CG Change gas transporter RT Request for test allowable (Include volume requested) If for any other reason write that reason in this box.
 - 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.

12.

3.

- The property code for this completion 7.
- The property name (well name) for this completion 8.
- The well number for this completion 9
- 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.
- The bottom hole location of this completion 11.

Lease	code from the following table:
F	Federal
S	State
P .	Fee
Ĵ	Jicarilla
Ň	Navajo
ΰ	Ute Mountain Ute
Ĩ	Other Indian Tribe

- The producing method code from the following table: F Flowing P Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 4. gas transporter
- The permit number from the District approved C-129 for this completion 5
- MO/DA/YR of the C-129 approval for this completion 3.
- MO/DA/YR of the expiration of C-129 approval for this 1 completion
- The gas or oil transporter's OGRID number 3
- Name and address of the transporter of the product 3.
- 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.).
 - Product code from the following table: Oil Gas a

- T' e 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 Tank", etc.) 24.
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well 27.
- Plugback vertical depth 28.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Inside diameter of the well bore 30.
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- Number of sacks of cement used per casing string 33.
- 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
- 34. MO/DA/YR that gas was first produced into a pipeline 35.
- MO/DA/YR that the following test was completed 36.
- Length in hours of the test 37.
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- Diameter of the choke used in the test 40.
- Barrels of oil produced during the test 41.
- Barrels of water produced during the test 42
- MCF of gas produced during the test 43.
- Gas well calculated absolute open flow in MCF/D 44.
- The method used to test the well: 45.
- F Flowing P Pumping S Swabbing If other method please write it in.
- The signature, printed name, and title of the person suthorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 46.
- 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 47.