District I Pr) Box 1986, Hobbs, NM \$8241-1986

State of New Mexico

Form C-104 (

Revised February 19, 1994 Instruction to back

Date

District II

Submit to Appropriate District Office OIL CONSERVATION DIVISION PO Drawer DD, Artesia, NM \$8211-9719 PO Box 2088 Santa Fe, NM 87504-2088 District III 1000 Rio Brasos Rd., Aztec, NM 87410 AMENDED REPORT District IV PO Box 2088, Santa Fe, NM \$7504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OGRID Numbe Operator name and Address 025575 Yates Petroleum Corporation Remon for Filing Code 105 South Fourth Street Artesia, NM 88210 CG - effective 10-1-95' Pool Code Pool Name API Number 78560 30 - 0 15-26118 Hoag Tank Morrow ' Well Number 1 Property Name Property Code Parish IV Com (commingled) 012625 ¹⁰ Surface Location Feet from the Fact/West fine County Foot from the Lot.lda Ul or lot no. Section Range 980 Eddy Morth 19S 24E 11 Bottom Hole Location County North/South fine Feet from the East/West Lac Feet from the Lot Ida UL or lot no. 11 C-129 Effective Date 17 C-129 Expiration Date 15 C-129 Permit Number 14 Gas Connection Date 13 Producing Method Code 11 Lae Code P F III. Oil and Gas Transporters 12 POD ULSTR Location ¹¹ POD 11 O/G " Transporter Name and Description and Address Unit F - Section 26-T19S-R24E Amoco P/L Int. Trucking 0 2807677 138648 502 N. West Avenue Levelland, TX 79336 Unit F - Section 26-T19S-R24E Agave Energy Co. 2808882 147831 105 South Fourth Street Artesia, NM 88210 MAR - 7 1833 COM IV. Produced Water ³⁴ POD ULSTR Location and Description Dist. 2 Unit F - Section 26-T19S-R24E 2808883 Well Completion Data מד יי 19 Perforations [™] PBTD 14 Ready Date H Spud Date ³⁵ Sacks Cement 12 Depth Set " Casing & Tubing Size Hole Size VI. Well Test Data " Test Length " The. Pressure " Cag. Pressure Date New Oil " Gas Delivery Date " Test Date a Gaa " AOF " Test Method a Water " Choke Size " I hereby cerufy that the rules of the Oil Conservation Division have been complied OIL CONSERVATION DIVISION with and that the information given above is true and complete to the best of my knowledge and belief. Approved by: ORIGINAL SIGNED BY TIM W. GUM Signature: DISTRICT II SUPERVISOR Title Printed name: Rusty Kulein MAR 11 1996 Approval Date: Title: Production Clerk Phone: 505-748-1471 Date: March 4, 1996 " If this is a change of operator fill in the OGRID number and name of the previous operator

Printed Name

Previous Operator Signature

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

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.
- 3.

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): 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 12.

Jicarilla

Navajo Uta Mountain Uta Other Indian Triba

- 13. The producing method code from the following table: Flowing 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
- MO/DA/YR of the C-129 approval for this completion 16
- MO/DA/YR of the expiration of C-129 approval for this 17. completion
- The gas or oil transporter's OGRID number 18.
- 19. Name and address of the transporter of the product

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- 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:
 - Oil 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 easign number and write it here. 23.
- The ULSTR location of this POD if it is different from a well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)
- 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 if openhole
- Inside diameter of the well bore 30.
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and 32.
- 33 Number of eacks of cement used per casing string

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.

- 34. MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline 35.
- MO/DA/YR that the following test was completed 36.
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38
- 39. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- The method used to test the well:
 F Flowing
 P Pumping
 S Swabbing 45.

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 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.