## District I PO Box 1980, Hobbs, NM 88241-1980

District II

State of New Mexico
Energy, Minerals & Natural Resources Department

:P	Form C-104				
<b>'</b>	Revised October 18, 1994				
ν <u>'</u> ν'	Instructions on back				
Submit to	Appropriate District Office				
Har	5 Copies				

811 South First, Artesia, NM 88 District III 1900 Rio Brazos Rd., Axtec, NN District IV	4 <b>87410</b>	OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505			Submit to Appropriate District Office 5 Copi				
2040 South Pacheco, Santa Fe, I I. REC	NM 87505 (UEST FOR A	LLOWAB	LE AN	D AUTHO	RIZAT	ION TO T			
Pioke Explore	•	une and Address					<sup>2</sup> OGRID Nu	ımber	
Ricks Exploration, Inc. 210 Park Avenue, Suite 3000					ļ	168489 3 Reason for Filing Code			
Oklahoma City							NW	mg cook	
<sup>4</sup> API Number	<del></del>			Pool Name		<u> </u>		* Pool Code	
<b>30 - 0</b> 15 – 31615	Wildeat Shugar Ordevicia					(GAS) 97171			
<sup>7</sup> Property Code	Property Code  Greenwood Pre-Grayburg							* Well Number	
II. 10 Surface Lo	Green cation	wood Pre-	Grayb	urg	:			14	
	waship Range	Lot.Idn	Feet from	the North/S	South Line	Feet from the	East/West lin	ne County	
I 27	18S 31E		2050	) Se	outh	1310	East	Eddy	
11 Bottom Ho					<u>/u.c</u>		I Base	<u> Luuy</u>	
UL or lot no. Section To	ownship Range	Lot Idn	Feet from	the North/	South line	Feet from the	East/West lie	ne County	
12 Lse Code 13 Producing M	Sethod Code 14 Gas	Connection Date	1 15 C-1	129 Permit Number	-	* C-129 Effective	- Date 17	C-129 Expiration Date	
F F		-26-01				<b></b>	, , ,	C-167 Espirator, sec	
II. Oil and Gas Tra	insporters						<del></del>		
Transporter OGRID	" Transporter I and Addres			" POD	23 O/G		22 POD ULSTR Location		
			19	31324	+		and Descrip	ption	
Р.	oco PL Q. Box 70206	R	de	7174.1	0				
Tu	lsa, OK 7147 noco, Inc.	<u>ŏ</u>	40	0.0 4		<del> </del>			
10	Desta Dr, S		20	31325	G		્રાં કુલ ૧૯૯૧	166788	
	dland, TX 79				ME 78	<b></b>		<u>*</u>	
153135 Du 37	ke Energy Fion 17th St. #	eld Servi ann	ces 28	31327	G			CONTRACTOR OF THE CONTRACTOR O	
	nver, CO					<u> </u>		ECEIVED	
								MATEON	
							ž.		
V. Produced Water		-i							
1021315			24	POD ULSTR Loca	ation and D	escription		<del></del>	
V. Well Completion	Data								
23 Spud Date	* Rendy Date		" TD	20 PE	ATTD OTTS	25 Perfor	rations	» DHC, DC.MC	
07-05-01	10-26-01	13958'					1	··· Unc, uc,nc	
31 Hole Size	ъ С	32 Casing & Tubing Size		1	33 Depth Se	<u>13790</u> ≰		Sacks Cement	
17-1/2"		13-3/8"		65	651'		530		
12-1/4"	9-	9-5/8"		40	4028'		1300		
8-3/4"	7''	7''		. 12	12,446'		1476		
6-1/8"	4-	4-1/2"		BOI-13959' TOI-12070'		L-12070'	280		
I. Well Test Data	6-1/8" 2-	7/8" Test	Phase and		13723.4				
10-26-01	10-26-01	11-01-0		* Test La 24 h	-	2400	i	* Csg. Pressure	
41 Choke Size	41 Oil	4 Water		_1			AOF Test Method		
11/64	25	1		010مر3			, <u> </u>	F	
I hereby certify that the rules of	the Oil Conservation Di a above is true and comp	ivision have been of	fmy	011	IL COI	NSERVAT NAL SIGNE NCT II SUPI	TION DIVI D BY TIM V ERVISOR	ISION N. GUM	
with and that the information given knowledge and belief. Signature:	0 Sunta	• /			<del></del>				
knowledge and belief.	es was	<del></del>		Title:					
knowledge and belief. Signature:  Printed name: Lynne Su  Title:		5		Title: Approval Date:			IAN D	o 2002	
knowledge and belief. Signature:  Printed name: Lynne Su	Asstnt	5/516-110		Approval Date:		115L	JAN O	3 2002	
knowledge and belief. Signature:  Printed name: Lynne Su  Title:  Drilling	Asstnt Phone: 40		0	Approval Date:	ian l	NSL 1	JAN O	3 2002	

## 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 bar

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.
- 3.

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

AG Add gas transporter

CG Change gas transporter

RT Request for test allowable (include volume reguesterf) 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
- The pool code for this pool 6.
- 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
- 12. Lease code from the following table:

Federal State

Jicarille

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. gas 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
  - 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.
  - 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 manumber the district office will assign a 23. number and write it here.
- 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.
- 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 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.

- 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.
- 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.

- MO/DA/YR that new oil was first produced 35.
- 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
- 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
- 46. The method used to test the well:

Pumping Swabbin

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