District I PO Bex 1960, Hobbs, NM 88241-1960

State of New Mexico

Revised October 18, 1994

District [] OIL CONSERVATION DIVISION \$11 South First, Artesia, NM \$2210

Instructions on back
Submit to Appropriate District Office
5 Copies

District III 1900 Rio Brazos	Rd., Artec,	NM 87410		Sant	a Fe, N	Pache M 875	505					5 Copies		
District IV				Sand	u 1 0, 11	111 012	,,,,				AME	NDED REPORT		
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YALE E. KEY, INC.							19797							
DBA KEY ENERGY SERVICES, PERMIAN BASIN P. O. BOS 2040							DIVISION				Reason for Filing Code			
HOBBS, NEW MEXICO 88241							СН 6/01,				99 - NAME CHANGE			
							ool Name				* Pool Code			
30 - 0 15-			SWD							96095				
¹ Pr	operty Code		⁸ Proj				perty Name			* Well Number				
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¹¹]	Bottom 1	Hole Loca	tion											
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		Transporte		_										
Transporter OGRID			¹⁹ Transporter Name and Address					²⁰ POD ²¹ O/G ²² POD ULSTR Location and Description						
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with and that t	he informatio	n given above is	true and co	mplete to the best	en complied to fmy		OIL	CO	NSERVAT	ION D	IVIS	ION		
knowledge and Signature:	l belief.													
		J. D.	7=			Approv								
Printed name: RAY RAMSEY							ORIGINAL SIGNED BY TIM W. GUM							
Tide: DIVISION MANAGER							Approval Date DISTRICT II SUPERVISOR							
Date: 7/	29/99	/		05-393-9	171	╫──		4	20-1		-			
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	Previgus	Operator Signat	ure		_		ted Name			TY	lle	Date		
					R	KOWLAN	D TRUCKI	NG (CO., INC.					

New Mexico Oil Conservation Division C-104 Instructions

F 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 3.

RC CH AO CO

New Well
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 requested)
other reason write that reason in this have AG CG RT

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
- 11 The bottom hole location of this completion
- Lease code from the following table: 12.

 - S

 - Se from the follow Federal 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.
- 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
 - 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.
 - 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 number the district office will assign a 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.
- MO/DA/YR drilling commenced 25.
- 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.

- 31. Inside diameter of the well bore
- Outside diameter of the casing and tubing 32.
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- 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 36.
- 37 MO/DA/YR that the following test was completed
- Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- 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
- 45. Gas well calculated absolute open flow in MCF/D
- The method used to test the well:

 F Flowing
 P Pumping
 S Swabbing
 If other method please write it in. 46.
- 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.