strict) Box 1980, Hobbs, NM 88241-1980 strict			Energy,	erals & I	w Mexico Resources Department TION DIVISION			Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office					
Drawer DD, Artesi rict III) Rio Brazos Rd., .		011	P.O	x 2088 4 87504-2088			5 Copies						
rict IV Box 2088, Santa F	e, NM 8750	4-2088		Cuitta i C	,, , , , , , , , , , , , , , , , , , , ,						AMEND	DED REPORT	
			FOR AI	LOWAB	LE A	ND AU	THORIZ	ZAT	ION TO TR				
			rator name and	Address					2 0	GRID Nu	mber		
Kerr-McGee Corporation NAOR - MT601									012558 ³ Reason for Filing Code				
Р	. O. Bo	x 25861	0v 72125						NW				
0	k l ahoma I Number	City,	OK 73125 5 Pool Name						_1	⁶ Pool Code			
3	0-015-2	28633	Indian Basin Morrow Gas								78960		
	erty Code		⁸ Property Name Winston Gas Com						9 Well Number 2				
	570	Location		con bas u	om		· · · · · · · · · · · · · · · · · · ·			I			
	Section	Township	Range	Lot. Idn	Feet fr	from the North/South Line		Line	Feet from the	East/We	st line	County	
В	31	215	24E		6	697 Nortl		h	2146	Eas	East Eddy		
		Hole Lo	<u></u>						T	P	at 11.		
L or lot no.	Section	Township	Range	Lot. Idn	Feet f	rom the	North/South	i Line	Feet from the	East/We	st line	County	
Lse Code	¹³ Producir	ng Method C	ode ¹⁴ Gas C	Connection Date	e 15	C-129 Per	mit Number	10	C-129 Effective	Date	¹⁷ C-129	Expiration Date	
F	F		1-4	4-96		NA		1	NA		NA		
I. Oil and	l Gas T	-			_			0/0	11 n.		1 erest		
³ Transporter OGRID			ansporter Nam and Address	e		20 POD	21	O/G		and Desci	Location		
014035		arathon . O. Bo	0il Co.			2816	759	G	B 3	1	215	24E	
	3333333333	idland,		02									
014035		arathon . O. Bo	0il Co.			2816	758	0	B 3	1	215	2 4 E	
			TX 797	02					REC	EN	VER	\mathcal{D}	
									M			y	
									FE	<u>318</u>	1993		
						OIL CON. DIV. DIST. 2				V.			
V Desa J	and Wat	or								DIST	2		
V. Produce ²³ POD	veu wai				24	POD ULS	STR Location	and De	scription				
		SW/NE	, Sec. 2	3, T21S,	R23E	E; Mara	thon Inc	dian	Basin Gas	Plant			
V. Well C		on Data					····						
			²⁶ Ready Date						²⁸ PBTD 9740	92	²⁹ Perforations 9216-9494		
11-14-95 1 ³⁰ Hole Sie			-4-96 9 ³¹ Casing & Tubing Size			37 50 32 Depth Set					³³ Sacks Coment		
	12-1/4'	1	9-5/8"			1600'				600			
	8-3/4		<u> </u>		9750'			550					
	/ <u>-</u>		2-7/8"			9175'						<u> </u>	
					·								
/I. Well T				36	hate	1 17	T		38 001 -				
³⁴ Date New		35 Gas Deli	-	³⁶ Test D			Test Length		³⁸ Tbg. Pressu	re		sg. Pressure	
1-4-96 ⁴⁰ Choke Size	1-4-96 1-4 ⁴⁰ Choke Size ⁴¹ O		4-96 1-22-96 il ⁴² Water			24 hrs		2040		45 Test Method			
48/64			1			579				F			
⁶ I hereby certify that the rules of the C omplied with and that the information g						1			NSERVATION DIVISION				
omplied with an ne best of my kn Signature:						Approved	i by: ORIG	INAL	SIGNED BY	tim W.			
Printed name: Gaylan G. Bunas						Title: DISTRICT II SUPERVISOR ,							
Title:							Approval Date: FFR 9 / 1006						
Regulatory Specialist Date: Phone: 1-25-96 405/270-6023							FED & 4 1330						
					of the n	tevious one	rator						
Date:	1-25-9	6 erator fill in t	405/	270-6023 nber and name	of the p	revious ope			FEB 24	19 96 Title	e	Date	

	C-104 Ins		NIAMOU
AMENI	IS AN AMENDED REPORT, CHECK THE BOX LABLED DED REPORT AT THE TOP OF THIS DOCUMENT	22.	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.)
Report a	ull gas volumes at 15.025 PSIA at 60°. All oil volumes to the nearest whole barrel.	23.	
A reque	et for allowable for a newly drilled or deepened well must be anied by a tabulation of the deviation tests conducted in nos with Rule 111.	£3,	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.
All secti	ons of this form must be filled out for allowable requests on d recompleted wells.	24.	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
changes	only sections I, II, III, IV, and the operator certifications for s of operator, property name, well number, transporter, or sich changes,	25.	Tank",etc.} MO/DA/YR drilling commenced
	rate C-104 must be filed for each pool in a multiple	26.	MO/DA/YR this completion was ready to produce
complet	ion.	27.	Total vertical depth of the well
imprope operato	rly filled out or incomplete forms may be returned to returned to	28.	Plugback vertical depth
1.	Operator's name and address	29.	Top and bottom perforation in this completion or casing shoe and TD if openhole
2.	Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.	30.	Inside diameter of the well bore
3.	Reason for filing code from the following table:	31.	Outside diameter of the casing and tubing
NW RCH ACO ACO BC RT	NW New Well RC Recompletion CH Change of Operator	32.	Depth of casing and tubing. If a casing liner show top and bottom.
	AO Add oil/condensate transporter	33.	Number of sacks of cement used per casing string
	AG Add gas transporter CG Change gas transporter	The fo conduc	llowing test data is for an oil well it must be from a test cted only after the total volume of load oil is recovered.
	requested} If for any other reason write that reason in this box.	34.	MO/DA/YR that new oil was first produced
4.	The API number of this well	35.	MO/DA/YR that gas was first produced into a pipeline
5.	The name of the pool for this completion	36.	MO/DA/YR that the following test was completed
6.	The pool code for this pool	37.	Length in hours of the test
7.	The property code for this completion	38.	Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
8.	The property name (well name) for this completion	39.	Flowing casing pressure - oil wells
9	The well number for this completion	40.	Shut-in casing pressure - gas wells
10.	The surface location of this completion NOTE: If the United States government survey designates a Lot Number	41.	Diameter of the choke used in the test
	for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.	41.	Barrels of oil produced during the test
11.	The bottom hole location of this completion	42. 43.	Barrels of water produced during the test
12.	Lease code from the following table:	43.	MCF of gas produced during the test
	S State	45.	Gas well calculated absolute open flow in MCF/D
	P Fee J Jicarilla N Navajo U Ute Mountain Ute I Other Indian Tribe	-70,	The method used to test the well: F Flowing P Pumping S Swabbing If other method please write it in.
13.	The producing method code from the following table: F Flowing P Pumping or other artificial lift	46.	The signature, printed name, and title of the person authorized to make this report, the date this report wa signed, and the telephone number to call for question
14			about this report

- MO/DA/YR that this completion was first connected to a gas transporter 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 MO/DA/YR of the expiration of C-129 approval for this completion 17.
- 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 previous operator's name, the signature, printed name and title of the previous operator's representative authorized to varify that the previous operator no longe operates this completion, and the date this report wa signed by that person 47.