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

State of New Mexico

Form C-104 Revised February 10, 1994

District II

Instructions on back

PO Drawer DD, Artesia, NM 88211-0719 OIL CONSERVATION DIVISION Submit to Appropriate District Office District III PO Box 2088 Santa Fe, NM 87504-2088 5 Copies 1000 Rio Brazos Rd., Aztec, NM 87410 District IV ■ AMENDED REPORT RECEIVED PO Box 2088, Santa Fe, NM 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator same and Address 1 OGRID Number JUN 27:94 02433 BK Exploration Corporation 810 S. Cincinnati, #110 Remon for Fling Code C. D. Tulsa, OK 74119 ARTESIA, OFFICE RC API Number Nash Draw Und. Remuda Strawn Pool Name Pool Code 30 - 015-03691 **Property Code** Property Name Remuda Basin Unit 10 Surface Location II. Ul or lot no. Section Township Range Lot.lda Feet from the North/South Line | Feet from the East/West line County 24 J 23-S 29-E 1980 South 1980 East Eddy 11 Bottom Hole Location UL or lot po. Section Township Feet from the North/South line Feet from the Fast/West line County 11 Lee Code 13 Producing Method Code 16 C-129 Permit Number 14 Gas Connection Date " C-129 Effective Date 17 C-129 Expiration Date 1990 III. Oil and Gas Transporters Tramporter 15 Transporter Name " POD 31 O/G D POD ULSTR Location OGRID and Address and Description GPM Gas Services, Co. 28 1*33* 1° G 4044 Penbrook Odessa, TX 79762 Pride Pipeline 2806153 Drawer 2948 Midland, TX 79702 Produced Water POD " POD ULSTR Location and Description Well Completion Data Spud Date H Ready Date מד יי " PBTD " Perforations 6-6-94 6-16-94 12,285' 12,193-12,196' M Hole Size 31 Casing & Tubing Size n Depth Set ³³ Sacks Cement 20" 24" 0-308 225 sxs., cmt. circ. 17.5" 13.375" 0-4109' 5500 sxs., cmt. circ. 12.25" 9.625" 0-10,932' 3500 sxs., TOC @ 55601 8.25" 0-15,109' 1100 sxs., TOC @ 6790 VI. Well Test Data Date New Oil M Gas Delivery Date M Test Date " Test Length " The Pressure " Csg. Pressure 6-16-94 6-22-94 24 hr. 480# Pkr. Chake Size " Oil d Water o Gas 4 AOF " Test Method 48/64" Λ

"I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature: Brad D. Burks			OIL CONSERVATION DIVISION Approved by: Title: SUPERVISOR, DISTRICT II Approval Date:		
atc: 6-22-94	Phone: 918-	582-3855			

Printed Name

Title

Date

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.

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: 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.

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.
- 11. The bottom hole location of this completion
- 12. Lease code from the following table: Federal
 State
 Fee
 Jicarilla
 Navajo
 Ute Mountain Ute
 Other Indian Tribe
- 13. The producing method code from the following table: Flowing Pumping or other artificial lift
- 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
- 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
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19
- 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

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21. Product code from the following table: Oil Gas

- 22. 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.)
- 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 sesign 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
- 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.
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and
- 33 Number of sacks of cament 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.

- MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- 38. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39
- 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
- 45. The method used to test the well: Flowing Pumping Swapbing 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 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.

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