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

State of New Mexico
Energy, Minerals & Natural Resources Department 13

Form C-104
Revised October 18, 1994
Instructions on back

811 South First, Artes District III	ia. Ni	1 88210	Ol	IL CONSI	ERVATI	ON I	DIVISION	2 Subi	nit to Appr	opriate I	District Office	
1000 Rio Brazos Rd.,	Aztec.	NM 87410	2040 South Pacheco Santa Fe, NM 87505					5 Copies				
District IV 1940 South Pacheco, S	Santa S	e. NM 8750	,					e Taj		AMEND	ED REPORT	
				LOWAB	LE ANI) AU	THORIZAT	TON TO T	RANSPO	RT		
MADALO TUO				e and Address			Ty.		1 OGRID			
MARALO, INC. P. O. BOX 832							014007					
MIDLAND, TX		02						nc	Reason for	Filing Code	ŧ	
the same of the sa							····	RC			•	
' API Number 30 - 0 15-28511			DARK CANYON; DELAWARE, E				•		* Puol Code 96143			
' Property Code			Property Name									
18801			DC *30* STATE						' Well Number I			
I. 10 Surf	ace]	Location					· ····································	**************************************		···		
						t from the North/Sout		Feet from the	East/West line Cou		County	
G 30)	235	271:		1980		NORTH	1980	EAST		EDDY	
11 Botte	om I	Iole Lo	cation					<u></u>				
UL or lot no. Sect	ion	Township	Range	Lot Idn	Feet from	the	North/South line	Feet from the	East/West	line	County	
								,			· •	
		ng Method C	1	Connection Date	" C-1	29 Perm	it Number	16 C-129 Effective	Date	" C-129 I	Expiration Date	
S	P			3/98					·			
II. Oil and (Gas '			·		7						
Transporter OGRID		'	19 Transporter Name and Address			» PO	D 11 O/O	" POD ULSTR Location				
015694 NAVAJO REF			FINING COMPANY			2815733 0		and Description G-30-235-27E				
513 EAST I								DC "30"	STATE #1			
ARTESIA, M			NM 88210					X				
139633 UPFUELS P. O. BOX			901027			81573	4 G		G-30-23S-27E			
			H, TX 76101					DC "30"	DC "30" STATE #1			
			 									
							Section for the section					
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	2							_				
												
V. Produced	l Wa	ter									······································	
2815735		1 .	G-30-235-27	T. DC #30#	SIAIF #I	POD UI	STR Location and	Description			· · · · · · · · · · · · · · · · · · ·	
	nlat											
V. Well Completion Date			²⁶ Ready Date 27 TD				* PBID		29 Perforations			
09/16/98		1	10/09/93	12,	12,218 CIBP 9500		5431'	4940 -		2110, 20,1110		
³¹ Hole Size		<u> </u>	" Casing & Tubing Size				is Depth			[™] Sacks Cement		
17-1/2"			13-3/8"			-	352'		350 SXS CIRC'D			
12-1/ 4"			9-5/8"				5540'		1350 SXS CIRC'D			
8-3/4"			5-1/2*								·	
V V/ I			J-1/2			12218'			1150 SXS)		
/I. Well Tes	t Da	ta				<u> </u>						
B Date New Oi			Delivery Dute	" Tes	t Date		* Test Length	. » m.	D.			
10/09	10/09/98		11/03/98		10/19/98		24 HRS	10g.	Pressure -	" Csg. Pressure		
, di Choke Size			ei Oil	4 Water		 	" Gas	47	OF	4 Test Method		
48/64"		93		64			40		-		P	
^{ri} I hereby certify that with and that the info	t the ru	les of the Oil	Conservation Di	ivision have been	complied							
knowledge and belief.		5	a nac ma com	nece to the best t	n my		OIL CO	ONSERVA'	LION DI	VISIO	N	
Signature:	FRA	thea	Logar			Approv	ed by: DISTR	VAL SIGNED ICT II SUPEI	ovilm i Visor	. WVM	B80	
Printed name: DOROT	HEA I	.OGAN	Y			Title:					V VV	
Tide: REGULATORY ANALYST						Approval Date:						
Date: NOVEMBER 5, 1998 Phon:(915) 684-7441						Approval Date: 2 - 5 - 9 5						
" If this is a change						OUE ODG	ntor					
, - 												
Pre	rious (perator Sign	nature			D-I-	ad Name	·			·	

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:

 NW New Well

 RC Recompletion

 CH Change of Operator (Include the effective date.)

 AO Add oil/condensate transporter

 CCO Change oil/condensate transporter

 Add das transporter 3.

AO CO AG CG RT 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 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
- 12. Lease code from the following table:

Federal State Fee Jicarilla

Navajo Ute Mountain Ute Other Indian Tribe ij

- 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. gas transporter
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this completion 17.
- The gas or oil transporter's OGRID number 18.
- 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 gransporter. 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.

OII

- 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 assign 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.
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- 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 have
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and
- Number of sacks of cement used per casing string 34

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
- 36. MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed 37.
- 38. Length in hours of the test
- 39. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
- 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
- MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- 48. The method used to test the well:

F Flowing
P Pumping
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.