District I PO Box 1980, Hobbs, NM \$3241-1980 District II

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104/ Revised February 10, 1994 Instructions on back Appropriate District Office

PO Drawer DD, Artesla, NM 88211-0719

District III 1000 Rio Brazo	4 Dd . Am	. N. 6941A	(NSERVA PO Bo	ox 2088		ŅC	Subn	nit to Approp	riate District Offic 5 Copie	
Istrict IV				Sant	a Fe, Ni	M 8750	4-2088		* ************************************	r	,	
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 		· /	Operator a	ame and Ado	dress	אל מווע	JIHORI	ZAI	ION TO TH	OGRID Nu		
MARALO, INC. P. O. BOX 832									014007			
MIDLAND, TX 79702									Reason for Filing Code			
• /			* Pool Name			(Pr		' Pool Code				
30 - 015-28872 1 Property Code			NAS	H DRAW; E				47545				
17626			ይ വ :	n Diicu •:	' 30° Feder/	Property No	LIDe			1	Well Number	
I. 10 ;	Surface	Location		D KOSH .	O FEDERA	AL.				4		
Ul or lot no.	Section	Township	Range	Lot.Ida	Feet fro	m the	North/Sout	h Line	Feet from the	East/West line	County	
I	30	23\$	30E		250	00	SOUTH		660	EAST	EDDY	
		Hole Loc								<u>. </u>		
UL or lot no.	Section	Township	Range	Lot Ida	Feet fre	om the	North/Sout	h line	Feet from the	East/West line	County	
12 Lee Code F	¹³ Produc	ing Method Co	1 .	Connection	Date 16 (C-129 Perm	it Number	10	C-129 Effective 1	ate II C	-129 Expiration Date	
I. Oil a	nd Gas	Transport		3/23/30					·		'.	
Transpor OGRID			Transporter			³¹ PO	D 2	0/G	22	POD ULSTR L	ocation	
		AND REFINING COMPANY				2814434		and Description				
wines and a second	50	501 EAST MAIN STREET				2014434 0			GOLD RUSH "30" FEDERAL #1 G-30-23S-30E			
	Al	RTESIA, NM	88210	<u> </u>								
139633		HIGHLANDS GAS CORP. 8085 S. CHESTER ST., STE 114				28814435 G			GOLD RUSH "30" FEDERAL #1 G-30-23S-30E			
	E)	ENGLEMOOD, CO. 80112										
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/. Produ	ced Wa	iter	~~~~							<u> </u>	1-12-96	
^и Р 2814436			.D RUSH *:)-235-30E		AL #1	" POD ULS	TR Location	and De	ecription		ximp.	
·		ion Data	7-233-30E	·		-					. ′	
	d Date	Ion Data	и Ready Da	Le		" TD			N page			
04/24/96		C	05/26/96		7	7240'	. !	,	" PBTD 7200"		** Perforations 7088 - 7126*	
" Hole Siz			31 Casing & Tubi		ing Size		¹¹ Dep	Depth Set		²¹ Sacks Cement		
17-1/2" 13-3/8"						674'			100		CHECK + 200 SX LO SX PREM PLUS	
									1100	110C W 300' FS - NOT CIRC'I		
12-1/4"			8-5/8"			32341			400 SX PREM DN 1" PIPE - CI 1200 SX PREM & LITE - CIRC"			
7-7/8" 5-1/2"						7240'					"H" (TOC @ 3760	
I. Well 7										4	(100 E 3/00	
Date New Oil 05/26/96					est Date		7 Test Length 24 HRS.		" The Pres	ure	" Csg. Pressure	
# Choke	l	U5/29/9			5/30/96 Water				210			
25/64"		277	30		303	⁴ Gas 270			4 AOF		* Test Method F	
hereby certify	that the rul	es of the Oil Co given above is t	riservation Di	vision have be	een complied				·			
owledge and be	lief.	g	ши ғошр	w uic Dei	от шу			CON	SERVATIO	N DIVISI	ON	
gnature: Worother Logan							Approved by: ORIGINAL SIGNED BY TIM W. GUM					
nted name;	DORO	THEA LOGAN) /	/		Title:	DIST	RICT	II SUPERVIS	אסא		
le: REGULATORY ANALYST							Approval Date: JUN 1 4 1996					
te:		3/96		915) 684-						- INTEL		
If this is a cha	nge of oper	ator fill in the	OGRID num	ber and nam	e of the previ	ous operato	r					
	Previous O	perator Signatu	ire	· · · · · · · · · · · · · · · · · · ·		Printed	Nama			ATT - 1	·	
,		3				r i mico	, · mail 6			Title	Date	

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
- 2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
- 3. Reason for filling 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.
- 4. 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
- 10. 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:
 F Federal
 S State
 P Fse
 J Jicarilla
 N Navajo
 U Ute Mountain Ute
 I Other Indian Tribe
- 13. The producing method code from the following table:
 F Flowing
 P Pumping or other artificial lift
- 14. MO/DA/YR that this completion was first connected to a gas transporter
- 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 completion
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- 20. 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.
- 21. Product code from the following table:
 O Oil
 G Gas

- 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.)
- 23. 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.
- 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.)
- 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
- 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 bottom.
- 33. Number of sacks of cement 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.

- 34. 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
- 39. Flowing casing pressure oil wells Shut-in casing pressure gas wells
- 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:

 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~y
- 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