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

NO Drawer DD, Artesia, NM 8/211-0719 District III

OIL CONSERVATION DIVISION

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

State of New Mexico
Energy, Minerals & Natural Resources Department

1900 Rio Brazo	Rd., Aztec,	NM 87410			e, NM		1-2088				_	5 Copie		
District IV PO Box 2088, S	anta Fe, NM	87504-2088	.							X	AME	NDED REPOR		
I.	R	EQUES	T FOR A	LLOWAB	LE AN	D AU	THOF	TASIS	ION TO T	RANSI	PORT			
DATEND			Operator ma	me and Address	J					³ OGRI	D Numb			
DALEN Resources Oil & Gas Co. 6688 N. Central Expwy., Suite 1000											016751			
Dallas, TX 75206											Reason for Filing Code			
	NW NY N		A #	·						NW				
*API Number Delaware 30 - 015-28288 Wildest: Delaware						Pool Name				⁴ Pool Code				
Property Code							4v. N			5558\ 96038				
1642			Murchi	* Property Name Murchison 2 State						' Well Number				
II. 10 (Surface	Lecation										1		
Ul or lot no.			Range	Range Lot.Idn		Feet from the		outh Line	Feet from the	East/W	East/West line Coun			
Н 2		25 %	26E		1980)	North		660	East	East Eddy			
11	Bottom 1	Hole Lo	cation	l	L		L							
UL or lot no. Section		Township	Range	Lot Ida	Feet from	the North/S		outh line	Feet from the	East/West line		County		
_					İ							•		
12 Lee Code	13 Produci	ng Method (i .	Connection Date		129 Perm	it Number		C-129 Effective	Date	" C-1	29 Expiration Date		
P		F	9.	0			03/17/95 04/14/95			/14/95				
III. Oil a														
Transporter OGRID			19 Transporter Name and Address			¹¹ POD ¹¹ O/G			12 POD ULSTR Location and Description					
138648 AM		OCO PIPELINE ICT			7:	211/7/11/7 0								
At 1					<i>A</i>	17////			Post IP-2 4-21-95					
			st Ave.	336							any	n + B17		
	Le,	eland	, IA 19	330								,		
									2					
15/29 NGPL 1							21117/19			HELEWAY:				
P. O. Box 283						2/4/42/ G				tin'				
	Hou	ston,	TX 7700	1-0283						. K. J.	4705			
MANAGE AGE											i wasani			
	***								$\mathbb{Q}(\mathbb{R})$	4		- 5		
IV. Prod		iter			ADMAGA			*********	· · · · · · · · · · · · · · · · · · ·	Ū¥.÷F	i se			
.) / /	POD				1	POD UI	STR Loca	tion and D	escription					
2214	197	<u> </u>		·										
	Complet	ion Dat												
Spud Date			²⁴ Ready Date			" TD			" PBTD		29	Perforations		
01/20/95 ** Hole Size			03/05/95			8631'			5270 '			3; - 66'		
			31 Casing & Tubing Size			¹² Depth Set						Cement		
17-1/2"			13-3/8"			256'				260sx Class "C"				
12-1/4"			8-5/8"			2008'				500sx Class "C"				
7-7/8"			5-1/2"			5520'				1270sx Class "C"				
L				·	 -									
VI. Well														
Date New Oil		ł			st Date		" Test Length		³⁴ Tbg. Pressure		³⁶ Cag. Pressure			
03/17/95 ** Choke Size		4-2	4-24-95		03/29/95		24		1350					
16/64"		,	" Oil 4"		Water		4 Gas		4 AOF		44 Test Method			
"I hereby cert		L.,	THE TORON	/	70		64	5			Flor	wing		
with and that th	ne information	uca : a given above	is true and gom	division have been uplete to the best	n complied of my		O.	[L CO	NSFRVAT	ת מטו	IVICI	ON		
knowledge and	belief	//		1	·	OIL CONSERVATION DIVISION								
Signature: Andis & Keisler							Approved by: ORIGINAL SIGNED BY TIM W. GUM							
Printed name: Cindy R. Keister							Tide: DISTRICT II SUPERVISOR							
Tite: Supervisor Regulatory Compliance						Approval Date: APR 1 0 1995								
				14) 750-	TO 1 1 2 9 1000									
		rator fill in	the OGRID nu	mber and name	of the previ	ous opers	tor				===			
					-	•								
	Previous (Operator Sig	nature			Printe	ed Name			Titl	<u> </u>	Data		

Printed Name

Date

New Mexico Oil Conservation Division C-104 Instructions

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.

- Operator's name and address 1.
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- 3.

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 (Includented) New Well
Recompletion
Change of Operator
Add oil/condensate transporter
Change oil/condensate transporter
Change stransporter
Change gas transporter
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
- 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
- The well number for this completion 9.
- 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:

S

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.
- 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.
- 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 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
- 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
- Depth of casing and tubing. If a casing liner show top and 32.
- 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.

- 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
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- 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
- The method used to test the well: 45.

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. 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