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

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994

NO Drawer DD, Artesia, NM \$8211-0719

District III

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

Instructions on back Submit to Appropriate District Office 5 Copies

1900 Rio Brazos Rd., Aztec, NM 87410 District [V

District [V				Ouru	10, 141	WI 67504	-2000	,		·		ENDED REPO	
rO Box 2065, ; [,	Santa Fe, 1	NM 87504-2088 REOUES	T FOR A	LLOWA	RIFA	ND AT	TUAT		T OT NOI		AMI	ENDED KEPO	
			Operator as	ame and Addre	BLU A	AD AU	IHUE	UZAI	ION TO T				
DALEN Resources Oil & Gas Co.										OGRID Number			
6688 N. Central Expwy., Suite 1000 Dallas, TX 75206									Reason for Filing Code				
Dallas,	75206						1500 bbls						
	API Numb	cr				Pool Name			<u></u>			Pool Code	
<b>30 - 015-28288</b> Wildcat; Delaware									96038				
Property Code						Property Na	ne			' Well Number			
				rchison	2 Stat	е					1		
[, 10	Surface	Location		1 5	· · · · · · · · · · · · · · · · · · ·					<del></del>			
H 2 25N		,	Range Lot.Ida 26E		i	Feet from the		outh Line	Feet from the	1		,	
<sup>11</sup> Bottom			1 1		1300		North		660		ast	Eddy	
UL or lot no.		Township		Lot Ida	Feet fre		N .1.00		<del></del>	<del></del>			
			vauke	LOC ICL	realin	in the	North/South line		Feet from the	East/West line		County	
11 Lee Code	13 Produ	cing Method C	ode 14 Gas	Connection Da	ite 14	C-129 Permi	Number		C-129 Effective	<u> </u>			
P		F							C-129 Ellective	Date	" C-12	29 Expiration Date	
I. Oil a	nd Gas	Transpoi	rters		l		<del></del>				1		
II Transpor	rter		Transporter Name			<sup>11</sup> РОД <sup>11</sup> О/G			" POD ULSTR Location				
			and Address						and Description				
20045 XXXXXXXXXX		MOCO PIP .ttn: Mi	'ELINE IO .ke Stans					0					
	2717 555	02 N. We				40.00							
	L	evelland	, TX 79	336							·		
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7. Produ		ater	<del></del>							<del></del>			
<b>29</b> )	POD					" POD ULS	TR Locati	on and De	ecription				
							_						
. Well (	Comple	etion Data											
<sup>32</sup> Spud Date 01/20/95			M Ready Date			"TD			* PBTD		29 Perforations		
01/20/95 ™ Hole Size			100000000000000000000000000000000000000			8631'		5270'		5,133' - 66'			
	17-1/2		" Casing & Tubing Size  13-3/8"			31 Depth Set			33 Sacks Cement				
<del></del>			<del> </del>	·	256'					Class	"C"		
12-1/4" 7-7/8"			8-5/8"			2008'					Class	Class "C"	
7-110			5-1/2"			5520'			1270sx		Class "C"		
F 337-11	T4 D		J				<del> </del>						
I. Well  Male N			clivery Date	T = ==									
2200 11		Car	CHYCLY DAIC	Te	at Date	<sup>17</sup> Test Length		M Tog. Pressure					
" Choke	: Size	4	Oil 4 w		V. tan	<sup>©</sup> Gas							
			4 Oil Water			™ Gas			" AOF		"	Test Method	
I bereby certif	fy that the	ruica .	rervation Di	vision have been	a complied	<del> </del>					<u> </u>		
ith and that the lowledge and I	c information belief.	on given above	true and comp	elete to the best	of my		OII	CON	ISERVATI	ON D	IVISIO	N	
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Prioted name:							Tide:						
Cindy R. Keister  Supervisor Regulatory Compliance							Approval Date:						
Super 03/1	<b>visor</b> 4/05	kegulato	Phone:(214) 750-3800			Approval Date:			MAR 3 0	MAR 3 0 1995			
		perator fill in ti				<u> </u>							
			TO VOLUME	ever and name	ol tye bies	sous operate	r						
	Previous	Operator Sign	ature	<del></del>		Printed	Name			Thi	<del></del>		
· - f							Printed Name			Title Date			

IF THIS IS AN AMENDED REPORT, CHICK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15,025 PSIA at 150°. 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 (Include vo requested)

If for any other reason write that reason in this box. for test allowable (Include volume

- The API number of this well 4.
- The name of the pool for this completion 5
- The pool code for this pool 6.
- The property code for this completion 7.
- The property name (well name) for this completion 8.
- 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.
- The bottom hole location of this completion 11.
- Lease code from the following table:
  F Federal
  S State
  P Fee
  J Jicarilla 12.

Navajo Uta Mountain Uta Other Indian Triba

- The producing method code from the following table: 13. 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 17. completion
- The gas or oil transporter's OGRID number 18.
- 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: 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.)
- 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
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well 27.
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Inside diameter of the well bore 30.
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and 32.
- Number of sacks of cement used per casing string 33.

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
- MO/DA/YR that gas was first produced into a pipeline 35.
- MO/DA/YR that the following test was completed 36.
- Length in hours of the test 37.
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- Diameter of the choke used in the test 40.
- Barrels of oil produced during the test 41.
- Barrels of water produced during the test 42.
- 43. MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D 44.
- The method used to test the well:

Flowing Pumping 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.