

District I
PO Box 1900, Hobbs, NM 88241-1900
District II
311 South First, Artesia, NM 88210
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

Form C-104
Revised October 18, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address Lang and McEwen P.O. Box 10726 Midland, Texas 79702-7766		² OGRID Number 1169525
³ API Number 30-0005-61242		⁴ Pool Name Elkins-San Andres
⁵ Property Code 23604	⁶ Property Name Lusk	⁷ Well Number 1

II. ¹⁰ Surface Location

¹¹ Ul or lot no. 8	¹² Section 22	¹³ Township 7-S	¹⁴ Range 28-E	¹⁵ Lot Ida	¹⁶ Feet from the 1980	¹⁷ North/South Line North	¹⁸ Feet from the 660	¹⁹ East/West line West	²⁰ County Chavez
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¹¹ Bottom Hole Location

²¹ UL or lot no.	²² Section	²³ Township	²⁴ Range	²⁵ Lot Ida	²⁶ Feet from the	²⁷ North/South line	²⁸ Feet from the	²⁹ East/West line	³⁰ County
³¹ Log Code	³² Producing Method Code	³³ Gas Connection Date	³⁴ C-129 Permit Number	³⁵ C-129 Effective Date	³⁶ C-129 Expiration Date				

III. Oil and Gas Transporters

³⁷ Transporter OGRID 20445	³⁸ Transporter Name and Address Scurlock-Permian Corp P.O. Box 3119 Midland, Texas 79702	³⁹ POD 2018910	⁴⁰ O/G 0	⁴¹ POD ULSTR Location and Description
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IV. Produced Water

⁴² POD	⁴³ POD ULSTR Location and Description
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V. Well Completion Data

⁴⁴ Spud Date	⁴⁵ Ready Date	⁴⁶ TD	⁴⁷ PBTD	⁴⁸ Perforations	⁴⁹ DHC, DC, MC
⁵⁰ Hole Size	⁵¹ Casing & Tubing Size	⁵² Depth Set	⁵³ Sacks Cement		

VI. Well Test Data

⁵⁴ Date New Oil	⁵⁵ Gas Delivery Date	⁵⁶ Test Date	⁵⁷ Test Length	⁵⁸ Tbg. Pressure	⁵⁹ Cag. Pressure
⁶⁰ Choke Size	⁶¹ Oil	⁶² Water	⁶³ Gas	⁶⁴ AOF	⁶⁵ Test Method

⁶⁶ 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: *Melvin McEwen*

Printed name: MELVIN MCEWEN

Title: Partner

Date: July 15, 1998

Phone: (515) 682-8523

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY TIM W. GUM
DISTRICT II SUPERVISOR

Title:

Approval Date:

7-30-98

⁶⁷ If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name SONNY LONGO

Title

Date

Sonny Longo 7/16/98

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 D&A 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 III.

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 OGDID number. If you do not have one it will be assigned and filled in by the District office.
3. 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
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 ADI 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
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 OGD unit letter.
11. The bottom hole location of this completion
12. Lease code from the following table:

F	Federal
S	State
D	Fee
J	Jicarilla
N	Navajo
U	Ute Mountain Ute
I	Other Indian Tribe
13. The producing method code from the following table:

F	Flowing
D	Dumping or other artificial lift
14. MO/DA/YR that this completion was first connected to a gas transporter
15. 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 OGDID number
19. Name and address of the transporter of the product
20. The number assigned to the DOD from which this product will be transported by this transporter. If this is a new well or recompletion and this DOD 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 ULSIR location of this DOD if it is different from the well completion location and a short description of the DOD (Example: "Battery A", "Jones CDD", etc.)
23. The DOD number of the storage from which water is moved from this property. If this is a new well or recompletion and this DOD has no number the district office will assign a number and write it here.
24. The ULSIR location of this DOD if it is different from the well completion location and a short description of the DOD (Example: "Battery A Water Tank", "Jones CDD 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. Dogback vertical depth
29. Top and bottom perforation in this completion or casing shoe and TD if openhole
30. 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.

35. MO/DA/YR that new oil was first produced
36. MO/DA/YR that gas was first produced into a pipeline
37. MO/DA/YR that the following test was completed
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
44. MCF of gas produced during the test
45. Gas well calculated absolute open flow in MCF/D
46. The method used to test the well:

F	Flowing
D	Dumping
S	Swabbing

 If other method please write it in.
47. 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
48. 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