

District I

1625 N. French Dr., Hobbs, NM 88240

District II

811 South First, Artesia, NM 88210

District III

1000 Rio Brazos Road, Aztec, NM 87410

District IV

2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico
Energy Minerals and Natural ResourcesOil Conservation Division
2040 South Pacheco
Santa Fe, NM 87505

Form C-104A

August 11, 2000

Submit 1 copy of the final affected wells
list along with 2 copies of this form per
number of wells on that list to
appropriate District Office

Change of Operator

Previous Operator Information:

OGRID: 003939
Name: CENTRAL RESOURCES, INC.
Address: 1775 SHERMAN STREET
Address: SUITE 2600
City, State, Zip: DENVER, COLORADO 80203

New Operator Information:

Effective Date: OCTOBER 1, 2000
New Ogrid: 190963
New Name: EXCO RESOURCES, INC.
Address: 6500 Greenville Ave.
Address: Suite 600, LB 17
City, State, Zip: DALLAS, TEXAS 75206

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information on this form and the attached list of wells is true and complete to the best of my knowledge and belief.

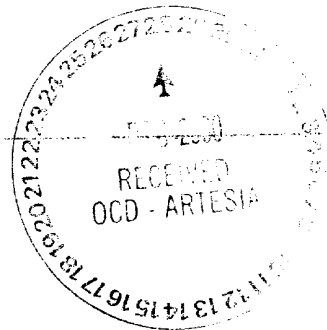
New Operator

Signature: Charles R. Evans

Printed name: Charles R. Evans

Title: Vice-President

Date: 12/20/00 Phone: 214-368-2084



Previous operator complete below:

Previous
Operator: CENTRAL RESOURCES, INC.
Previous
OGRID: 003939
Signature: Irene Trujillo
Printed Name: IRENE TRUJILLO

NMOCD Approval

Signature: Jim W. Brown
Printed
Name: District Supervisor
District: _____
Date: FEB 7 2001

27437

OIL CONSERVATION DIVISION

JUL 27 1992

DISTRICT I
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

O. C. D.
ARTESIA OFFICE

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator <u>Central Resources, Inc.</u>		Well API No. <u>30-005-61508</u>
Address <u>1776 Lincoln Street, Suite 1010, Denver, Colorado 80203</u>		
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator <u>DeKalb Energy Company, 1625 Broadway, Denver, Colorado 80203</u>		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Vance Federal</u>	Well No. <u>3</u>	Pool Name, including Formation <u>Pecos Slope Abo</u>	Kind of Lease State, Federal or Fee <u>State, Federal or Fee</u>	Lease No. <u>NM 37601</u>
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>South</u> Line and <u>660</u> Feet From The <u>West</u> Line Section <u>26</u> Township <u>7S</u> Range <u>26E</u> , NMPM, <u>Chaves</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Navajo Refining Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 159, Artesia, NM 88210-0159</u>					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Transwestern Pipeline Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Suite 614, 1st Nat'l Bank, Odessa, TX 79760</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>M</u>	Sec. <u>26</u>	Twp. <u>7</u>	Rge. <u>26</u>	Is gas actually connected? <u>Yes</u>	When? <u>12/15/82</u>

If this production is commingled with that from any other lease or pool, give commingling order number.

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size <u>posted ID-3 7-31-92</u>
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF <u>ENG OP</u>

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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.

Irene Trujillo
Signature
Irene Trujillo, Engineering Technician
Printed Name Title
June 29, 1992 (303) 830-1632
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUL 29 1992

By ORIGINAL SIGNED BY
MIKE WILLIAMS
Title SUPERVISOR, DISTRICT II

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.