State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

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

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

Santa Fe, New Mexico 87504-2088

| I | | TO TRAI | NSPORT OIL | AND NA | TURAL G | | | · | | | |
|---|--|--|---------------------|------------------------|-----------------|---|--|----------------------|--------------|--|--|
| Operator | | | | | | API No. | | | | | |
| Great Western Drill | ing Compa | iny | | 30-005-62806 | | | | | | | |
| Address | | | | | | | | | | | |
| P.O. Box 1659, Midl. | | 79702 | | | /Di/ | | | | | | |
| Reason(s) for Filing (Check proper box |) | | r | 00 | et (Please expl | aun) | | | | | |
| New Well | 0.1 | · ~ — | Fransporter of: | | | | | | | | |
| Recompletion | Oil | | Dry Gas 🗀 | | | | | | | | |
| Change in Operator | Casinghead | d Cas | Condensate | | | | | | | | |
| If change of operator give name and address of previous operator | | | | | | | | | | | |
| • | T AND THE | CE | | | | | | | | | |
| II. DESCRIPTION OF WEL | L AND LEA | | Pool Name, Include | ing Formation | | Kind | of Lease | | ease No. | | |
| Lease Name | | | Pecos Slop | • | | | XXXXXXXXXXX | | | | |
| Quail State Location | | | recos prop | C ADO | | | ······································ | 1 7 33 | <u> </u> | | |
| 7 | . 66 | 50 . | | North | 6 | 60 F | | East | T ! | | |
| Unit LetterA | : <u>00</u> | | Feet From The | IWI CII | s and | <u> </u> | et From The | Last | Line | | |
| Section 36 Town | ship 6-S | | Range 24 | -Е , N | MPM, Chav | 7PS | | | County | | |
| Section 50 10wn | <u>= 119 0-13 </u> | | 7.4 | <u> </u> | 1,11111 | / C.3 | | | | | |
| III. DESIGNATION OF TRA | ANSPORTE | R OF OII | L AND NATU | RAL GAS | | | | | | | |
| Name of Authorized Transporter of Oil | | or Condens | | Address (Giv | e address so w | hich approved | copy of this f | orm is to be se | int) | | |
| | LJ | | | | | | | | | | |
| Name of Authorized Transporter of Ca | singhead Gas | | or Dry Gas | Address (Giv | e address to w | hich approved | copy of this f | orm is to be se | int) | | |
| | | | | <u> </u> | | | | | | | |
| If well produces oil or liquids, | Unit | Sec. | Twp. Rgs. | ls gas actuali | y connected? | When | 7 | | | | |
| give location of tanks. | A | | 6-S 24-E | L | No | | Est. 1 | bv.l.l | 991 | | |
| f this production is commingled with the | at from any other | er lease or p | ool, give comming | ling order aum | ber: | | | | | | |
| V. COMPLETION DATA | | | | - ₁ | , | -, | · | , | | | |
| D i and Trans of Commission | · · · · · · | Oil Well | Gas Well | New Well | Workover | Десреп | Plug Back | Same Res'v | Diff Res'v | | |
| Designate Type of Completic | | 1 | X | Total Depth | <u>L</u> | 1 | l | L | | | |
| Date Spudded | Date Comp | al. Ready to I | Prod. | tom nebra | | | P.B.T.D. | | | | |
| 4-5-91 | | <u>1-91 </u> | | Top Oil/Gas | 3,95(L' | | | 3,868' | | | |
| Elevations (DF, RKB, RT, GR, etc.) | | roducing For | matice | 100 Carcas | · · | | Tubing Dep | | | | |
| 3,878.6' RKB | Abc |) | | <u> </u> | 3.462. | | Depth Casin | <u>3,580'</u> | | | |
| Perforations | _ | | | | | | Depair Casis | • | | | |
| Perfs: 3,462'-3,566 | ', total | 33', 6 | 6 holes | CEMENTY | NC DECOR | n . | <u> </u> | 3,950' | | | |
| | | | CASING AND | CEMENTI | | | | SACKS CEMI | ENT | | |
| HOLE SIZE | | SING & TUE | | 928' RK | DEPTH SET | | | | | | |
| 14-3/4" | 10-3/4 | | | 1.2.2.2 | | | | Sxs. HL& | | | |
| 9-7/8" | | , 29.2 | | 1,826' | | ····- | 625 Sxs | | | | |
| 6-1/2" | <u>4-1/2"</u> 2-3/8" | ', 11.6 | # | 3,950'F | | | 300 Sxs | 5. 65/35 ' T-Cmt. | Poz, 100 | | |
| I MEON DATA AND DEOU | | | RIF | 3,580' | KNB | | USXS."C | 1-(111) | _2,590 | | |
| V. TEST DATA AND REQU | EST FUR A | tal valuma a | f load oil and must | he equal to or | exceed top alli | owable for thi | s depth or be | for full 24 how | rs.) | | |
| OIL WELL (Test must be after Date First New Oil Run To Tank | Date of Tes | | 1000 20 070 7700 | | thod (Flow, pr | | | <u> </u> | | | |
| Date First New Oil Run 10 1ank | Date of 1es | 4 | | | , | - · · · · · · · · · · · · · · · · · · · | , | | | | |
| I must of Test | Tubing Pres | | | Casing Press | rte | | Choke Size | | | | |
| Length of Test | Tuoling Free | 96710 | | | | | | | | | |
| Actual Prod. During Test | Oil - Bbls. | | | Water - Bbis | | | Gas- MCF | | | | |
| ACTUM FIOR DUTING TOW | On - Boil. | | • | | | | | | 1 | | |
| | | · | | <u> </u> | , | | . | | | | |
| GAS WELL | | r | | Bbls. Conder | sale AMCF | | Gravity of C | ondensale | | | |
| Actual Prod. Test - MCF/D | Length of T | | | Don't Color | | | | | | | |
| A.O.F. 3,427 MCFD | Tubing Des | 4 h | | Casing Press | ine (Shint-in) | | Choke Size | 0 | | | |
| esting Method (pitot, back pr.) | • | | | - | | | | 7/32"-1/ | /!!_2 /O!! | | |
| Back Pressure | | 50 Psig | | <u>-9</u> 6 | 2 Psig | | 13/10 | 1/32 -1/ | 4 - 3/0 | | |
| VI. OPERATOR CERTIF | | | | \parallel ϵ | DIL CON | JSERV | MOITA | DIVISIO | M | | |
| I hereby certify that the rules and re | gulations of the | Oil Conserve | ntion . | ` | | TOLI IV | AIIOII | | /: \ | | |
| Division have been complied with a | nd that the infor | mation gives | a above | | | | | | | | |
| is true and complete to the best of n | ly knowledge an | M DELICI. | | Date | Approve | d | | | | | |
| 2 18 . 2. 11 | D D | | ÷ | | | | | | | | |
| M.B. Wyer | <i></i> | | | By_ | | | | | | | |
| Signature M.B. Myers-Asst. to | | ot. | | -,- | | | | | | | |
| Printed Name | <u> </u> | | Title | Title | | | | | | | |
| 7-17-91 | (915)682 | | | 11116 | | | | | | | |
| 7-17-91 Date | | | hone No. | 11 | | | | | | | |

- 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.

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| I | | TOTHA | NSP | OH I OIL | AND NA | TUHAL G | | ADI NI- | | | | |
|---|--------------------|-----------------|---------------|---------------------------------------|----------------|--|------------------------|---------------------------------------|-----------------|--------------|--|--|
| Operator | | | | | | | | Well API No. 30-005-62806 | | | | |
| Great Western Drill | ing Compa | any | | | |)6 | | | | | | |
| Address | _ | | | | | | | | | | | |
| P.O. Box 1659, Midl | | 79702 | | | | (Dl | lais) | · · · · · · · · · · · · · · · · · · · | | | | |
| Reason(s) for Filing (Check proper box | x) | A | Т | anten afi | Lj va | es (Piease expi | <i>um</i> ; | | | | | |
| New Well | | Change in | • | | _ | | | | | • | | |
| Recompletion | Oil | _ | Dry G | | | | | | | | | |
| Change in Operator | Casinghea | Id Clas | Conde | nssic | | | | | | | | |
| If change of operator give name and address of previous operator | | | | · · · · · · · · · · · · · · · · · · · | | | | | | | | |
| • | | | | | | | | | | | | |
| II. DESCRIPTION OF WEL | L AND LE | | D. al N | In-a Industi | ing Formation | | Vind | of Lease | | ease No. | | |
| Lease Name | | | | • | • | | | TAXAPAYA | _ | | | |
| Quail State | | <u> </u> | Pecc | os Slop | e Abo | | | | V-33 | 34 | | |
| Location | <i>C</i> (| . 0 | | | > 7 | _ | | | . | | | |
| Unit LetterA | :66 | 60 | Foot P | rom The | North Lin | s andb | 60F | et From The . | <u> East</u> | Line | | |
| | | | | 2.4 | - N | 101 al | | | | Causatus | | |
| Section 36 Town | uship 6-S | | Range | 24- | -Е , № | MPM, Chav | res | | | County | | |
| III. DESIGNATION OF TRA | ANCDADTE | ים אב או | I AR | m Natei | DAT CAS | | | | | | | |
| Name of Authorized Transporter of Oi | | or Condens | | U NAIU | | e address to w | hich approved | copy of this fo | orm is to be se | ni) | | |
| rana or camenation remipores of Or | | | | | 120 | | | -r , -,). | | • | | |
| Name of Authorized Transporter of Ca | singhest Car | | or Dry | Gas 🗔 | Address (Giv | e address to w | hich aparaued | copy of this fo | orm is to be se | nt) | | |
| reme or nonsonzen transporter of Ci | -uguwau Can | لسسا | | — — | | | | | | | | |
| If well produces oil or liquids, | Unit | Sec. | Twp | Rge. | Is gas actuall | y connected? | When | ? | | | | |
| give location of tanks. | I A | | 6-S | • | | No No | i | | bv.1, 1 | 991 | | |
| f this production is commingled with the | | | | | ing order numi | | | DDC. I | ~ · · · · · · · | | | |
| V. COMPLETION DATA | | ·· · · | | | | | | | | | | |
| | | Oil Well | $\neg \vdash$ | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | | |
| Designate Type of Completic | on - (X) | i | i | X | × | i | i | | I | Ï | | |
| Date Spudded | Date Com | pl. Ready to | Prod. | ···· | Total Depth | | - | P.B.T.D. | | | | |
| 4-5-91 | 1 | 191 | | | | 3.9501 | | | 3,868' | | | |
| Elevations (DF, RKB, RT, GR, etc.) | | roducing For | mation | I | Top Oil/Gas | Paý | | Tubing Dept | | | | |
| 3,878.6' RKB | Abo | <u> </u> | | | | 3,462 | | | 3,580' | | | |
| Perforations | | | | | | | · · ··· · · | Depth Casin | g Shoe | | | |
| Perfs: 3,462'-3,566 | ' total | 331 6 | 6 hc | പ്ട | | | | | 3,950' | | | |
| Peris. 3,402 3,500 | 7 | TIBING. | CASI | NG AND | CEMENTI | NG RECOR | D D | | | | | |
| HOLE SIZE | | SING & TU | | | 1 | DEPTH SET | | SACKS CEMENT | | | | |
| 14-3/4" | | 4", 40. | | | 928' RK | | | | Sxs. HL& | | | |
| 9-7/8" | | ", 29.2 | | | 1.826' | | | 625 Sxs | | | | |
| 6-1/2" | 4-1/2 | | | | 3.950'R | | | 300 Sxs | - | | | |
| 0-1/2 | 2-3/8 | | <u> </u> | | | RKB | | | T-Cmt. | 2 5901 | | |
| V. TEST DATA AND REQU | | | BLE | | 131300 | 14.0 | | uvva c | | | | |
| OIL WELL (Test must be after | er recovery of to | sal volume o | of load | oil and must | be equal to or | exceed top alle | owable for thi | s depth or be f | or full 24 hou | rs.) | | |
| Date First New Oil Run To Tank | Date of Te | | | | Producing Me | sthod (Flow, pu | ump, gas lift, e | ıc.) | Post | 10-2 | | |
| | | | | | | | | | 8- | 7-9/, | | |
| Length of Test | Tubing Pre | SEUTE . | | | Casing Press. | ire | | Choke Size | cerny | 4 BR | | |
| | | | | | | | | <u> </u> | | | | |
| Actual Prod. During Test | Oil - Bbls. | | | | Water - Bols. | ······································ | | Gas- MCF | | | | |
| · · · · · · · · · · · · · · · · · · · | | | | | | | | <u></u> | | | | |
| C. C. WITTE | | | | | | | | | | | | |
| GAS WELL | 1 | Test | | | Bbis. Conden | sate/MMCF | | Gravity of C | ondensate | | | |
| Actual Prod. Test - MCF/D | Length of | | | | | ^ | | | | | | |
| A.O.F. 3,427 MCFD | Tubing De | 4 h | rs. | | Casing Press. | ure (Shut-in) | | Choke Size | 0_ | | | |
| esting Method (pitot, back pr.) | | | | | | | | | 7/2つ!!_ 7/ | /II_2 /OII | | |
| Back Pressure | | 60 Psig | | | √r96 | 2 Psig | | 12/10 -1 | <u>//32"-1/</u> | 4 -3/8" | | |
| VI. OPERATOR CERTIF | | | | VCE | | OIL CON | ISERV | ΔΤΙΩΝΙ Ι | טועופוע | N | | |
| I hereby certify that the rules and re | gulations of the | Oil Conserv | ation | | 11 | | *OL! 1 V / | TION | | / I T | | |
| Division have been complied with a | and that the infor | rmation give | a abov | ¢ | | | | | | | | |
| is true and complete to the best of n | ny knowledge at | ng Dellei. | | | Date | Approve | d | | | ···· | | |
| 2 - 18 . 2 . 1 | 2 | | | | | - • | | | | | | |
| M.B. Wyer | <i></i> | | | | By_ | | | | | | | |
| Signature | | nt | | | - (| | | | | | | |
| M.B. Myers-Asst. to | Gen. Su | | Title | | ll | | | | | | | |
| Printed Name | (015)(0 | | 1 1116 | | Title | | | | | | | |
| 7-17-91 | (915)68 | 7-5/41 Telen | hone h | No. | | | | | | | | |

- 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.

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OIL CONSERVATION DIVISION

P.O. Box 2088

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

DISTRICT II P.O. Drawer DD, Antesia, NM 88210

Santa Fe, New Mexico 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION

| . | | IOTH | ANDE | OHI OII | - AND NA | TUMAL G | | | | | |
|--|-----------------------|------------------------|----------|--------------|----------------|--|------------------|-------------------|------------------|--------------|--|
| Operator | | | | | | | Wall | API No. | | | |
| Great Western Drill | ing Compa | anv | | | 30-005-62806 | | | | | | |
| ddress | | | | | | | | 000 0200 | × | | |
| | and mer | 70700 | | | | | | | | | |
| P.O. Box 1659, Midl | | 79702 | | | | et (Please expl | ain) | | | | |
| cason(s) for Filing (Check proper box | g. | | _ | _ | L) Ou | ex (riesse expi | aur; | | | | |
| ew Well | | Change i | ٠ . | | | | | | | | |
| scompletion | Oil | | J Dry G | | - | | | | | | |
| hange in Operator | Casinghea | d Gas | Conde | ensate 🔲 | | | | | | | |
| change of operator give name | | | | | | ······································ | | | | | |
| address of previous operator | | | | | | | | | | | |
| | | . 013 | | | | | | | | • | |
| . DESCRIPTION OF WEL | L AND LE | | | | · <u>-</u> | | | ···· | | | |
| ease Name | | Well No. | | | ing Formation | | | of Lease | Lea | se No. | |
| Quail State | | 1 | Pec | os Slop | e Abo | | State, | TAXABLE POOLEN | V-335 | 4 | |
| ocation | | | | | | | | | | | |
| 7) | 6.0 | 50 | | _ | North | . 6 | 60 - | | 77 | | |
| Unit LetterA | : | 30 | Feat F | rom The | North Lin | e and | 60 F | eet From The _ | <u> East</u> | Line | |
| | | | | | | | | | | | |
| Section 36 Town | ship 6-S | | Range | 24 | -Е N | MPM, Chav | es | | | County | |
| | | | | | | | | | | | |
| I. DESIGNATION OF TRA | NSPORTE | ROFO | IL AN | D NATU | RAL GAS | | | | | | |
| ame of Authorized Transporter of Oil | | or Coade | | | | e address to wi | hich approved | copy of this fo | rm is to be sent |) | |
| · · · · · · · · · · · · · · · · | | | | | , | | •• | .,,, | | • | |
| | | | | | 144 | | Link | 1 600 5 | | | |
| ame of Authorized Transporter of Ca | unghead Gas | | or Dry | GAS | Address (Giv | e aaaress to wi | nich approved | l copy of this fo | rm is to be sent |) | |
| | | | | | | | | | | | |
| well produces oil or liquids, | Unit | Sec. | Twp | Rgs. | Is gas actuali | y connected? | When | n ? | | | |
| re location of tanks. | i A i | 36 | 16-S | 24-E | ļ | No | 1 | Est. N | ov.1, 199 | 31 | |
| this production is commingled with th | | | | | ing order num | | | | <u> </u> | | |
| COMPLETION DATA | at nom any on | E1 70880 UI | pros, gr | vi vonatrag | | | | | | | |
| COMPLETION DATA | | _, | | | | ı | ·—— | 1 | | | |
| D | - 00 | Oil Wel | 1 | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Designate Type of Completic | | İ | 1_ | Χ | X | | L | il | | | |
| ate Spudded | Date Corn | al. Ready to | o Prod. | | Total Depth | | | P.B.T.D. | | | |
| 4 5 01 | -, - | 1-91 | | | | 2 0501 | | Į. | 2 0001 | | |
| 4-5-91 | Name of P | | ometion | · | Top Oil/Gas | 3. 9.50 | | Tubing Dooth | 3,868' | | |
| evations (DF, RKB, RT, GR, esc.) | Name of P | rouncing r | Otherior | 1 | 1 | | | Tubing Depth | 1 | | |
| 3,878.6' RKB | 78.6' RKB <u>Abo</u> | | | | | 3,462' | | <u> </u> | 3,580' | | |
| erforations | | | | | | | | Depth Casing | Shoe | | |
| Perfs: 3,462'-3,566 | ' total | 331 | 66 h | വില | | | | | 3,950' | | |
| FELLS: 3,402 3,300 | | | | | CEMENTI | NG RECOR | D | | | | |
| ` | | | | | CENTER | | | Υ | | | |
| HOLE SIZE | | SING & T | | SIZE | | DEPTH SET | | S | ACKS CEMEN | <u>IT</u> | |
| 14-3/4" | 10-3/4 | 4", 40 | ·5# | | 928' RK | В | | 1,000 S | xs. HL&C- | -Circl. | |
| 9-7/8" | 7-5/8' | ', 29. | 20# | | 1.826' | RKB | | | HL&C-C | | |
| 6-1/2" | 4-1/2 | | | | 3.950'R | | | 300 Sxs | | | |
| 0-1/2 | $\frac{4-1/2}{2-3/8}$ | | O# | | | | | , | | Poz, 100 | |
| THE PROPERTY OF THE PROPERTY O | | | ADLE | | 3,580' | RKB | | (Sxs."C" | T-Cmt. | 2,590' | |
| TEST DATA AND REQU | EST FOR A | LLOW | ABLE | | | | | | | | |
| IL WELL (Test must be afte | r recovery of 10 | sai volume | of load | oil and musi | | | | | r full 24 hours. |) | |
| ate First New Oil Run To Tank | Date of Ter | at . | | | Producing Me | shod (Flow, pu | ımp, gas lift, d | uc.) | | | |
| | | | | | | | | | | | |
| d of Trad | Table Bea | | | | Casing Proses | ne. | | Choke Size | | | |
| ingth of Test | Tubing Pre | EBUTE | | | | | | Caoas Size | | | |
| | | | | | | | | | | | |
| ctual Prod. During Test | Oil - Bbls. | _ | | | Water - Bbis. | | | Gas- MCF | | | |
| - | | | | | | | | | | | |
| | | | | | · | | | | | | |
| SAS WELL | | | | | | | | | | | |
| ctual Prod. Test - MCF/D | Length of | CSI | | | Bbis. Conden | MMCF | | Gravity of Co | ndensate | | |
| 7 OF 3 427 MOED | 1 | 1 | hrs. | | 1 | Λ | | . 0 | | | |
| A.O.F. 3,427 MCFD | Tubing Pre | | | | Casing Pressu | re (Shut-in) | | Choke Size | U | | |
| sting Method (pitot, back pr.) | _ | | | | | | | 1 | /201 7 / | 1 2 /0" | |
| Back Pressure | 96 | <u>60 Psi</u> | g | | J96 | 2 Psig | | 13/TP/ | <u>/32"-1/4'</u> | <u>-3/8"</u> | |
| L OPERATOR CERTIFI | - | | _ | NCE | - | | | : | | | |
| | | | | . — | 11 C | DIL CON | ISERV | ATION D | IOISIVIC | 1 | |
| I hereby certify that the rules and reg | manous of the | ULI CODISCI | vauvii | | 1 | | | | | | |
| Division have been complied with an | ku unak une unior | ni belies munou 814 | 48 BOOV | • | | _ | | | | | |
| is true and complete to the best of m | y knowledge an | NI DEIKI. | | | Date | Approve | d | | | | |
| | $\overline{}$ | | | | | FF: - 1 - | | | | | |
| M.B. Wyer | u | | | | II _ | | | | | | |
| 5 | | | | | By | | | | | | |
| M.B. Myers-Asst. to | Gen. Sur | ot. | | | | | | | | | |
| | Day | | Title | | J | | | | | | |
| Printed Name | 1035155 | | * tme | | Title. | | | | | | |
| 7-17-91 | (915)682 | <u> 2-5241</u> | | | [] | | | | | | |
| Date | | icle | ephone N | ₩ J. | ! ! | | | | | | |

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P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| I | | IUIK | ANSI | OHI OIL | - AND NA | I UNAL G | | ADI NI- | | | |
|--|-------------------|-------------|--------------|---------------------------------------|----------------|-----------------|---------------|------------------|------------------|-------------|--|
| Operator | | | | | | | | API No. | | | |
| Great Western Drilli | 30-005-62806 | | | | | | | | | | |
| Address | | | | | | | | | | | |
| P.O. Box 1659, Midla | | 79702 | <u> </u> | | | | | | | | |
| Reason(s) for Filing (Check proper box) | | | | | U Oth | er (Pisose expi | lain) | | | | |
| New Well | | Change i | a Trans | porter of: | | | | | | • | |
| Recompletion | Oil | | Dry | Gas L | | | | | | | |
| Change in Operator | Casinghe | ad Gas [| Cond | casate | | | | | | | |
| If change of operator give name | | | | | | | | | | | |
| and address of previous operator | | | | | | ···· | | | | | |
| II. DESCRIPTION OF WELL | ANDIE | ACE | | | | | | | | | |
| Lasse Name | L AND LE | Well No | Pool | Name, Include | ng Formation | | Kind | of Lease | L | ease No. | |
| • | | 7 | | os Slop | - | | | TXXXXXX | • V-33 | 54 | |
| Quail State | | <u> </u> | Trec | 05 3100 | = A00 | | | | 1 4 33 | J1 | |
| Location | | <i>c</i> 0 | | | | _ | | | | | |
| Unit LetterA | : <u></u> 6 | 60 | _ Feat I | From The | North Lie | e and | 60 | est From The. | East | Line | |
| | | | | | | | | | | _ | |
| Section 36 Towns | hip 6-S | | Rang | <u>24</u> | -E N | MPM, Chav | res | | | County | |
| | | | | | D. V. C. C | | | | | | |
| III. DESIGNATION OF TRA | NSPORTE | | | ND NATU | RAL GAS | | 1.1 | | | 1 | |
| Name of Authorized Transporter of Oil | | or Condi | SING | | Andress (Gn | e agaress so w | nich approve | d copy of this f | OF M IS 10 DE SE | ini) | |
| | | | | | | | | | | | |
| Name of Authorized Transporter of Cas | inghead Gas | | or Dr | y Gas 🔚 | Address (Giv | e address to w | hich approve | d copy of this f | orm is to be se | ent) | |
| | | | _, | | | | , | | | · | |
| If well produces oil or liquids, | Unit | Sec. | Twp. | Rgs. | is gas actuall | y connected? | Whe | | | | |
| give location of tanks. | A | 36 | 6-S | 24-E | | No | | Est. 1 | wov.l, l | 991 | |
| If this production is commingled with the | at from any of | her lease o | r pool, g | ive comming | ing order num | ber: | | | | | |
| IV. COMPLETION DATA | | | | | | | | | | | |
| | | Oil We | u l | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | |
| Designate Type of Completion | n - (X) | 1 | 1 | Χ | X · | 1 | 1 | 1 | 1 | 1 | |
| Date Spudded | Date Com | pl. Ready | o Prod. | | Total Depth | | | P.B.T.D. | | | |
| | | 1-91 | | | | 3 950! | | | 3.8681 | | |
| $\frac{4-5-91}{\text{Elevations (DF, RKB, RT, GR, etc.)}}$ | Name of I | | onnatio | <u> </u> | Top Oil/Gas | Pay | | Tubing Dep | | | |
| • | 1 | _ | | | ĺ | 3,462' | | | 3,5801 | | |
| 3,878.6' RKB | Ab | 0 | | | L | 3,402 | | Depth Casin | | | |
| • ************************************* | | | | | | | | | • | | |
| Perfs: 3,462'-3,566' | <u>, total</u> | 33', | 66 h | oles | CICL (EXITE | NC DECOR | | 1 | 3,950' | | |
| <u> </u> | | | | | CEMENTI | NG RECOR | | | | | |
| HOLE SIZE | C.A | SING & T | UBING | SIZE | | DEPTH SET | | | SACKS CEMENT | | |
| 14-3/4" | 10-3/ | 4", 40 |) <u>.5#</u> | | 928' RK | В | | 1,000 9 | Sxs. HI& | C-Circl. | |
| 9-7/8" | 7-5/8 | ", 29. | 20# | | 1.826' | RKB | | 625 Sxs | HL&C- | Circl | |
| 6-1/2" | 4-1/2 | | | | 3.950'E | | | 300 Sxs | | | |
| 0 1/2 | $\frac{1}{2-3/8}$ | " Tbq | <u> </u> | | | RKB | | | T-Cmt | 2.590 | |
| V. TEST DATA AND REQUI | | | ABLE | | 131333 | 100 | | Q DAMA | | | |
| OIL WELL (Test must be after | THE STATE OF L | atal walum | of load | - Loil and must | he equal to or | exceed top all | owable for 1) | is depth or be | for full 24 hou | rs.) | |
| | | | . 0, . | | | cihod (Flow, pr | | | | | |
| Date First New Oil Run To Tank | Date of Te | e a | | | | | | , | | | |
| | | | | | Casing Press | LTD | | Choke Size | | | |
| Length of Test | Tubing Pr | STUBBE | | | Casing From | ALC. | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | 111 | | | GM- MCF | | | |
| Actual Prod. During Test | Oil - Bbls | • | | | Water - Bbls. | | | Gas- MCF | | | |
| | | | | | <u>L</u> | | | | | | |
| GAS WELL | | | | | | | | | | | |
| Actual Prod. Test - MCF/D | Length of | Test | | | Bbls. Conden | sale/MMCF | | Gravity of C | ondensate | | |
| | Longui Gi | | 1 | | | ^ | | | | | |
| A.O.F. 3,427 MCFD | Tubing to | essure (Shi | hrs. | | Casing Press | ure (Shut-in) | | Choke Size | | | |
| Testing Method (pitot, back pr.) | | | | | | | | | 7/228 1/ | 411 2 /011 | |
| Back Pressure | | 60 Psi | _ | | 96 | 2 Psig | | 12/T0 | 7/32"-1/ | 4 -3/8" | |
| VI. OPERATOR CERTIFIC | CATE OF | F COM | PLIA | NCE | | NI 001 | denn. | ATION | רוי זוכייכ | NA I | |
| I hereby certify that the rules and reg | | | | | 11 | JIL CON | 10EH A | 'ATION | אוטועוח | NΑ | |
| Division have been complied with an | d that the info | rmation gi | ven abo | ve |]] | | | | | | |
| is true and complete to the best of m | y knowledge 1 | ind belief. | | | Nate | Approve | hd | | | | |
| | _ | | | | Daie | . Applove | , u | | | | |
| M.B. Wyen |) | | | • | 11 | | | | | | |
| | | | | | By_ | | | | | | |
| Signature M.B. Myers-Asst. to | Gen. Su | ipt. | | | | | | | | | |
| Printed Name | | 1 | Title | | Title | | | | | | |
| 7-17-91 | (915)68 | 10_50/1 | | | 11/19 | | | | | | |
| 7-17-91 Date | <u></u> | Te | ephone | No. | | | | | | | |

- 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.

DISTRICT II P.O. Drawer DD, Artesia, NM 88210 State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aztec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION

| 7 | nLC | | _ | | L AND NA | - | | | | | | |
|--|------------------|-----------------|------------------|--------------|-----------------|-----------------|---------------------------------------|-------------------|---------------|---------------|--|--|
| Operator Operator | | TO TAX | ANSP | UNI UI | L AND INA | TURAL | | API No. | | | | |
| • | | | | | | | 1 | | | | | |
| Great Western Drill | ing Comp | any | | | | . | 1 30- | <u>-005–6280</u> | 6 | | | |
| Address | | 50500 | | | | | | | | | | |
| P.O. Box 1659, Midl | | 79702 | | | | har (Places are | | | | | | |
| Reason(s) for Filing (Check proper booms X | r) | ~ : | · ~ | | | het (Please exp | piain) | | | | | |
| | 0.1 | Change is | , . | | - | | | | | • | | |
| Recompletion \square | Oil Carinal | 4 Cas. | Dry Ga Condea | | | | | | | | | |
| Change in Operator | Canngn | ead Gas | Constant | DIMENS [| | · | | | | | | |
| f change of operator give name and address of previous operator | | | | | | · | | | | | | |
| T DESCRIPTION OF WEI | LANDI | CACE | | | | | | | | | | |
| I. DESCRIPTION OF WELL Lease Name | L MID LI | Well No. | Pool N | ame. Includ | ing Formation | | Kind | of Lease | | ease No. | | |
| Ouail State | | 7 | 1 | s Slop | - | | | XXXXXXXXXX | V-33 | | | |
| Location | | <u> </u> | Trece | NO DIOL | <u>~ noo _ </u> | · | ···· | | 1 7 33 | | | |
| 7\ | 6 | 560 | F . F | - | North Li | | 660 r | | Fact | • • | | |
| Unit LetterA | | .700 | _ Pool Pi | CCC 1D6 | IVI CII | D6 ADG | 000 | est From The _ | East | Line | | |
| Section 36 Town | uship 6-S | | Range | 2/ | -Е , N | MPM, Cha | T/OC | | | County | | |
| Section 30 Town | <u> </u> | | 1000 | | 11. | CHA | VES | | | County | | |
| II. DESIGNATION OF TRA | ANSPORT | ER OF O | IL AN | D NATU | RAL GAS | | | | | | | |
| Name of Authorized Transporter of Oi | | or Conde | | | | | vhich approve | d copy of this fo | rm is to be s | eni) | | |
| | لــا | | | 1 | | | | | | | | |
| Name of Authorized Transporter of Ca | singhead Gas | | or Dry | Gas | Address (Gi | ve address to v | vhich approve | d copy of this fo | rm is so be s | ent) | | |
| - | _ | | | | | | | | | | | |
| f well produces oil or liquids, | Unit | Sec. | Twp. | Rge | is gas actual | y connected? | Whe | 2 7 | | | | |
| ive location of tanks. | Α | 36_ | 6-S | 124-E | | No | | Est. Nov.1, 1991 | | | | |
| this production is commingled with the | at from any o | ther lease or | pool, giv | e comming | ling order num | sber: | | | | | | |
| V. COMPLETION DATA | • | | | | | | | | | | | |
| | | Oil Well | | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | | |
| Designate Type of Completic | on - (X) | | | Χ | X | <u> </u> | | | | | | |
| Date Spurided | Date Con | npl. Ready to | Prod. | | Total Depth | | | P.B.T.D. | | | | |
| 4-5-91 | 7- | -1-91 | | | Top Oil/Gas | 3,950' | · · · · · · · · · · · · · · · | | 3.868' | | | |
| levations (DF, RKB, RT, GR, etc.) | Name of | Producing Fe | omation | | Top Oil/Gas | Paý | | Tubing Depth |) | | | |
| 3,878.6' RKB | Ak | <u> </u> | | | | 3,462' | | 3,580' | | | | |
| Perforations | | | | | | * | | Depth Casing | Shoe | | | |
| Perfs: 3,462'-3,566 | ', total | . 33', | 66 hc | les | | | | <u> </u> | 3,950' | | | |
| <u>\</u> | | TUBING, | CASI | NG AND | CEMENTI | NG RECO | RD | | | ·-· | | |
| HOLE SIZE | C/ | ASING & TU | JBING S | SIZE | | DEPTH SE | <u> </u> | S. | ACKS CEM | ENT | | |
| 14-3/4" | 10-3/ | '4", 40 | <u>.5#</u> | | 928' RK | Œ | | 1,000 S | xs. HL& | C-Circl. | | |
| 9-7/8" | 7-5/8 | 3 ", 29. | 20# | | 1,826' | RKB | | 625 Sxs | . HL&C- | Circl. | | |
| 6-1/2" | 4-1/2 | | 6# | | 3,950'F | | | \$300 Sxs | 65/35 | Poz. 100 | | |
| | | " Tbg | | | 3,580' | RKB | | Sxs."C" | T-Cmt. | <u>2,590'</u> | | |
| . TEST DATA AND REQU | | | | | | | | | | | | |
| IL WELL (Tesi musi be afte | r recovery of | iotal volume | of load o | oil and musi | ~ | | | | r full 24 hou | <u>vs.)</u> | | |
| Date First New Oil Run To Tank | Date of T | est | | | Producing M | ethod (Flow, p | nump, gas tyt, | eic.) | | | | |
| | | | | | <u> </u> | | | Choke Size | | | | |
| ength of Test | Tubing Pr | STEERE | | | Casing Press | me | | Choke Size | | | | |
| | | | <u> </u> | | Water Dhie | | ····· | Gas- MCF | | | | |
| ctual Prod. During Test | Oil - Bbla | i. | | | Water - Bols | • | | Gas- MCF | | | | |
| | | | | | L | | | 1 | | | | |
| GAS WELL | | | | | | | | | | | | |
| actual Prod. Test - MCF/D | Length of | Test | | | Bbls. Conder | sate/MMCF | | Gravity of Co | ndensale | | | |
| A.O.F. 3,427 MCFD | | 4] | nrs. | | | 0 | | | . 0 | | | |
| sting Method (pitot, back pr.) | Tubing Pr | ressure (Shu | | , | Casing Press | ure (Shut-in) | | Choke Size | | | | |
| Back Pressure | c | 60 Psi | <u> </u> | | 96 | 2 Psia | · · · · · · · · · · · · · · · · · · · | 3/16"-7 | /32"-1/ | 4"-3/8" | | |
| L OPERATOR CERTIFI | | | _ | ICE | 11 | | | | | | | |
| I hereby certify that the rules and re | | | | · | | DIL COI | NSERV | ATION D | DIVISIO | N | | |
| Division have been complied with a | ad that the info | ormation give | sa above | | | | | | | | | |
| is true and complete to the best of m | y knowledge i | and belief. | | | Data | Annimum | ad | | | | | |
| | _ | | | | Date | Approve | | ··-·· | | | | |
| M.B. Myer | v | | | | _ | | | | | | | |
| Signature | | | | | By_ | | | | | | | |
| M.B. Myers-Asst. to | Gen. Su | pt. | | | | | | | | | | |
| Printed Name | | | Title | | Title | | | | | | | |

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.

(915)682-5241 Telephone No.

- 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.

State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

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

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| Operator Great Western Drilli | ng Company | | | | 30-005-6280 | 6 | | |
|---|-------------------------|---------------|----------------|---------------------------------|-----------------------------------|---|--|--|
| Address | ing company | | | | 130 003 0200 | | | |
| P.O. Box 1659, Midla | and, TX 797 | 02 | | | | | | |
| Reason(s) for Filing (Check proper box | | | | Other (Please explain | ı) | | | |
| New Well | Chan | ge is Transp | | | | | | |
| Recompletion \square | Oil | Dry G | | | | | | |
| Change in Operator | Casinghead Gas | Conde | | | | | | |
| f change of operator give name and address of previous operator | | | | | | | | |
| I. DESCRIPTION OF WELL | LAND LEASE | | | | | | | |
| Lease Name | Well | No. Pool N | lame, lackudi | ng Formation | Kind of Lease | Lease No. | | |
| Quail State | 1 | ı | os Slope | | State, Federal of Fed | V-3354 | | |
| Location | | 1 | | | | · | | |
| 7 | . 660 | East E | men The | Worth Line and 66 | O Feet From The | East Line | | |
| Unit LetterA | | | | | | | | |
| Section 36 Towns | hip 6-S | Range | 24- | -E , NMPM, Chave | s | County | | |
| | | | | | | | | |
| II. DESIGNATION OF TRA | NSPORTER O | FOIL AN | ID NATU | RAL GAS | t as ship s | nom is to be sent) | | |
| Name of Authorized Transporter of Oil | or Cc | ndensate | | Address (Give address to which | n approved copy of this jo | orm is to be sent) | | |
| | | | | Address (Give address to which | h approved come of this fi | nem is to be sent) | | |
| Name of Authorized Transporter of Cas | inghead Gas | or Dry | Gas | Address (Cite and and to white | a approved copy of the J | | | |
| | Unit Sec. | Twp | Rgs. | is gas actually connected? | When ? | | | |
| If well produces oil or liquids, ive location of tanks. | | 6 6-S | • | No | • | bv.1, 1991 | | |
| f this production is commingled with th | | | | L | 1 1000 | WV.11 1771 | | |
| This production is comminged with the V. COMPLETION DATA | at from any other seal | s or poor, gr | ve consissing. | | | | | |
| V. COM DETICAL PARTY | Oil | Well | Gas Well | New Well Workover | Deepen Plug Back | Same Res'v Diff Res'v | | |
| Designate Type of Completio | n - (X) | i | X | х | | | | |
| Date Spudded | Date Compl. Res | dy to Prod. | | Total Depth | P.B.T.D. | · | | |
| 4-5-91 | 7-1-91 | | | 3.950' | | 3.868' | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Produci | ng Formation | | 3,950' Top Oil/Gas Paý | Tubing Dep | h | | |
| 3,878.6' RKB | Aixo | | | 3.462' | | 3,580' | | |
| Perforations | | | | | Depth Casin | g Shoe | | |
| Perfs: 3,462'-3,566 | '. total 33' | . 66 h | oles | | | 3,950' | | |
| 10115. 37101 3755 | TUBE | NG, CASI | NG AND | CEMENTING RECORD |) | | | |
| HOLE SIZE | | & TUBING | | DEPTH SET | | SACKS CEMENT | | |
| 14-3/4" | 10-3/4", | 40.5# | | 928' RKB | 1,000 \$ | Exs. HI&C-Circl. | | |
| 9-7/8" | 7-5/8", 2 | 9.20# | | 1.826' RKB | 625 Sxs | HL&C-Circl. | | |
| 6-1/2" | 4-1/2", 1 | 1.6# | | 3.950'RKB | 300 Sxs | 65/35 Poz, 100 | | |
| | 2-3/8" Tb | | | 3,580' RKB | (Sxs."C" | T-Cmt. 2,590' | | |
| . TEST DATA AND REQUI | EST FOR ALLO | WABLE | | | | | | |
| OIL WELL (Test must be after | recovery of total vol | ume of load | oil and must | be equal to or exceed top allow | able for this depth or be | for full 24 hours.) | | |
| Date First New Oil Run To Tank | Date of Test | | | Producing Method (Flow, pum | p, gas lyt, etc.) | | | |
| | | | | | Charles Sine | I Charles Since | | |
| Length of Test | Tubing Pressure | | | Casing Pressure | Choke Size | • | | |
| | | | | | Gas- MCF | | | |
| Actual Prod. During Test | Oil - Bbis. | | | Water - Bbls. | Cas- MCF | | | |
| | | | | <u></u> | | | | |
| GAS WELL | - | | | | | | | |
| Actual Prod. Test - MCF/D | Length of Test | | | Bbis. Condensate/MMCF | Gravity of C | ondensate | | |
| A.O.F. 3,427 MCFD | | 4 hrs. | | 0 | | 0 | | |
| Testing Method (pitot, back pr.) | Tubing Pressure | (Shut-in) | | Casing Pressure (Shut-in) | Choke Size | | | |
| • | 960_1 | | | 962 Psig | 3/16"- | 7/32 "- 1/4 " -3/8 " | | |
| Back Pressure | | _ | VCE | | | | | |
| VI. OPERATOR CERTIFI | | | 1CL | | SERVATION | DIVISION | | |
| I hereby certify that the rules and reg Division have been complied with a | rulations of the Oil Co | a oivea abov | e | | | | | |
| is true and complete to the best of m | y knowledge and beli | d. | - | Date Approved | | | | |
| · | _ | | | Pare White | | | | |
| M.B. Wyer | J | | | | | | | |
| 5-13. | | | - | By | | | | |
| M.B. Myers-Asst. to | Gen. Supt. | | | | | | | |
| Printed Name | | Title | | Title | | | | |
| 7-17-91 | (915)682-52 | 241 | | | _ | | | |
| Date | | Telephone ! | No. | [] | · · · · · · · · · · · · · · · · · | | | |

- 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.