DISTRICT I

1625 N. French Dr., Hobbs, NM 88240

DISTRICT II

811 South First, Artesia, NM 88210

DISTRICT III

Previous Operator Signature

STATE OF NEW MEXICO Energy, Minerals & Natural Resources

OIL CONSERVATION DIVISION

CISF

Form C-104 Revised March 25, 1999

Submit to Appropriate District Offic

5 Copies

Date

1000 Rio Brazos Rd, Az	tec, NM 87410			2040	South Pache	co			•	
DISTRICT IV				Santa	Fe, NM 875	505		AMEN	DED REPORT	
2040 South Pacheco, Se									22 2 131 011	
I.	R			/ABLE A	ND AUTHOR	RIZATION T	O TRANSP	ORT		
	Elk Oil C		and Address			2. OGRID Number 7147			r	
	P. O. Bo						3. Resson for Filing Code			
		New Mexico	88202-031	0				NW		
	4. API Number				5. Pool Name		6. Pool Code			
	30-005-6			FOOR	RANCH PEN	N		97093		
	7. Property Cod	00		a = a=	8. Property Name			9. Well	Number	
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IV. Produced V	Water 23 POD			4.60°	,					
	22 700					24. PODULSTR Loc	etion and Description			
V. Well Comple	tion Data			.l						
25. Spud Date 3/13/01		26 Ready Dat	be		7. TD	28 PBTC)	29. Perfora	tions	
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7 7/8"		1	5 1/2"						650 SXS	
7 770						6375'		325 SXS		
			2 3/8"			5978'		ļ		
VI. Well Test I	Data	4	·				-		·	
34. Date New Oil	<u> </u>	35. Gas Delives	ry Date	36. Test [37. Test Length	,	10 Th - D	70.0	
N/A		4/18/01		4/12/01		4 HRS		38. Tbg. Pressure 1700	39. Csg. Pressum	
40 Choke Size 12/64"		41. Oil 0		42. \	Water	43. Gas 300		44 AOF	45. Test Method FLOWING	
46. I hereby certify the complied with and that	the information	e Oil Conservation Di given above is true en	ivision have been ad complete to the		ما	oil conser	VATION DIV	ISION		
best of my knowledge	and belief.				1	UK	heinal shea	ied by tim	w. Gum	
Segmetown	~	ELK OIL CO	MPANY		Approve By BISTRICT H SUPERVISOR					
Printed name	Joseph J.	Kelly			Title:					
Title	President	<u>. </u>			Approval Date: 03 2001.					
Data: April 20, 2001	<u> </u>		05-623-319				4 % **			
47. If this is a change of	operator fill in the (OGRID number and na	me of the previous ope	rator				. 		

Printed Nume

New Mexico Oil Conservation Division C-104 Instructions

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 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.

Operator's name and address Operator's Corpillo mumber if you do not have one, it will be signed and filled in by the District office. Signed and filled in by the District office. Operating the signed and filled in by the District office. Operating the signed and filled in by the District office. Operating the signed and filled in by the District office. Operating the signed of District office. Operating the Signed and Filled in by the District office. Operating the Signed and Filled in by the District office. Operating the Signed of District of Change of Operating the Signed of Operating the Signed of Operating of	Improper	ly filled out or incomplete forms may be returned to operators unappro	oved.				
Reason for filing code from the following table: Section Part Pa	1.	Operator's name and address	23.	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.			
Recompletion Clarge of Operation Clarge of Cla	2.	Operator's OGRID number. If you do not have one, it will be assigned and filled in by the District office.					
If for any other reason write that reason in this box. 1. The API number of this well. 2. The name of the pool for this completion. 2. The pool code for this pool. 2. The property code for this completion. 3. The property name (well name) for this completion. 3. The property name (well name) for this completion. 4. The property name (well name) for this completion. 5. The property name (well name) for this completion. 6. The property name (well name) for this completion. 7. The property name (well name) for this completion. 8. The property name (well name) 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. 11. The bottom hole location of this completion. 12. Clease code from the following table: 13. The producing method code from the following table: 14. Lease code from the following table: 15. State 16. MM/DD/YY that this completion was first connected to a gas transporter. 17. The producing method code from the following table: 18. The producing method code from the following table: 19. The producing method code from the District approved C-129 for this completion. 19. The producing method code from the District approved C-129 for this completion. 19. The permit number from the District approved C-129 for this completion. 19. The permit number from the District approved C-129 for this completion. 19. The permit number from the District approved C-129 for this completion. 19. Name and address of the transporter of the product. 20. The number assigned to the POD from which this product will be transported by this transporter. If this completion or will be transported by this transporter of the product. 21. The number assigned to the POD from number, the district office will sassign a number and write it here. 22. The number assigned to the POD from number, the district office will sassign a number and write it here. 23. The method used to test the well: 24. The method use	3.	RC Recompletion	24.	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.).			
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19. Name and address of the transporter of the product. 20. 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. 21. Product code from the following table: O Oil G Gas 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. The previous operator's name, the signature, printed name, and title of the person authorized to make this report, and this report.			44.	Gas well calculated absolute open flow in MCF/D.			
19. Name and address of the transporter of the product. 20. 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. 21. Product code from the following table: O Oil G Gas 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. The previous operator's name, the signature, printed name, and title of the person authorized to make this report, and this report.	18.	The gas or oil transporter's OGRID number.	45.	The method used to test the well:			
recompletion and this POD 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 46. 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. The previous operator's name, the signature, printed name, and title of the person authorized to make this report, and this report. The previous operator's name, the signature, printed name, and title of the person authorized to make this report was signed, and the telephone number to call for questions about this report.	19.	Name and address of the transporter of the product.		P Pamping			
21. Product code from the following table: O Oil G Gas will assign a number and write it here. authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report. The previous operator's name, the signature, printed name, and title of the previous operator's representative outhorized.	20.	The number assigned to the POD from which this product will be transported by this transporter. If this is a new well or					
G Gas 47. The previous operator's name, the signature, printed name, and title of the previous operator's representative outhorized		recompletion and this POD has no number, the district office will assign a number and write it here.	46.	The signature, printed name, and title of the person authorized to make this report, the date this report was signed and the tales have provided the signal and the person are the person			
G Gas 47. The previous operator's name, the signature, printed name,	21.			uns report.			
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.)			47.	The previous operator's name, the signature, printed name,			
	22.	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.)		to verify that the previous operators representative authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person.			