

DISTRICT I  
1625 N. French Dr., Hobbs, NM 88240  
DISTRICT II  
811 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

C15 F  
CT  
EP  
Form C-104  
Revised March 25, 1999  
Submit to Appropriate District Office  
5 Copies

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

1. Operator Name and Address Elk Oil Company P. O. Box 310 Roswell, New Mexico 88202-0310		2. OGRID Number 7147
		3. Reason for Filing Code NW
4. API Number 30-005-63517	5. Pool Name FOOR RANCH PRE-PERMIAN GAS	6. Pool Code 76730
7. Property Code 30842	8. Property Name BLUEGILL STATE	9. Well Number 1

II. 10. Surface Location

UL or Lot No. F	Section 32	Township 9S	Range 27E	Lot Idn	Feet From The 2310	North/South Line NORTH	Feet From The 1980	East/West Line WEST	County CHAVES
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11. Bottom Hole Location

UL or Lot No. F	Section 32	Township 9S	Range 27E	Lot Idn	Feet From The 2310	North/South Line NORTH	Feet From The 1980	East/West Line WEST	County CHAVES
12. Use Code S	Producing Method Code F	14. Gas Connection Date 12/20/02	15. C-129 Permit Number	16. C-129 Effective Date	17. C-129 Exp Date				

III. Oil and Gas Transporters

18. Transporter OGRID 147831	19. Transporter Name and Address Agave Energy Company 105 South Fourth Street Artesia, New Mexico 88210	20. POD 2833664	21. O/G G	22. POD ULSTR Location and Description

IV. Produced Water

23. POD	24. POD ULSTR Location and Description
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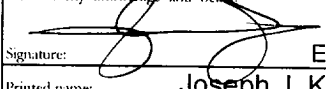
V. Well Completion Data

25. Spud Date 10/22/02	26. Ready Date 12/18/02	27. TD 6708'	28. PBTD 6678'	29. Perforations 6398'-6402' 16 - 1/2" Holes
30. Hole Size 12 1/4"	31. Casing & Tubing Size 8 5/8"	32. Depth Set 940'	33. Sacks Cement 550 sxs	
7 7/8"	5 1/2"	6708'	550 sxs	
	2 7/8"	6314'		

VI. Well Test Data

34. Date New Oil N/A	35. Gas Delivery Date 12/20/02	36. Test Date 12/17/02	37. Test Length 4 hrs	38. Tbg. Pressure 1375	39. Csg. Pressure Packer
40. Choke Size 20/64"	41. Oil 0	42. Water 0	43. Gas 500	44. AOF 3000	45. Test Method Flowing

46. 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:   
Printed name: Joseph J. Kelly  
Title: President  
Date: DECEMBER 19, 2002  
Phone: 505-623-3190

Approved By:

Title:

Approval Date:

OIL CONSERVATION DIVISION  
ORIGINAL SIGNED BY TIM W. GUM  
DISTRICT H SUPERVISOR

DEC 30 2002

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

Previous Operator Signature

Printed Name

Title

Date

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.

Improperly filled out or incomplete forms may be returned to operators unapproved.

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|-----|---|-----|--|
| 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.  |
| 2.  | Operator's OGRID 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:<br>NW New Well<br>RC Recompletion<br>CH Change of Operator<br>AO Add oil/condensate transporter<br>CO Change oil/condensate transporter<br>AG Add gas transporter<br>CG Change gas transporter<br>RT Request for test allowable (Include volume requested)<br>If for any other reason write that reason in this box. | 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.).  |
| 4.  | The API number of this well.  | 25. | MO/DA/YR drilling commenced.   |
| 5.  | The name of the pool for this completion.   | 26. | MO/DA/YR this completion was ready to produce.   |
| 6.  | The pool code for this pool.  | 27. | Total vertical depth of the well.  |
| 7.  | The property code for this completion.  | 28. | Plugback vertical depth.   |
| 8.  | The property name (well name) for this completion.  | 29. | Top and bottom perforation in this completion or casing shoe and TD if openhole.   |
| 9.  | The well number for this completion.  | 30. | Write in 'DHC' if this completion is downhole commingled with another completion or 'MC' if there is more than one non-commingled completion in this well bore. Attach actual completed well bore diagram  |
| 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 OCD unit letter.  | 31. | Outside diameter of the casing and tubing.   |
| 11. | The bottom hole location of this completion.  | 32. | Depth of casing and tubing. If a casing liner, show top and bottom.  |
| 12. | Lease code from the following table:<br>F Federal<br>S State<br>P Fee<br>J Jicarilla<br>N Navajo<br>U Ute Mountain Ute<br>I Other Indian Tribe  | 33. | Number of sacks of cement used per casing string.<br>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.  |
| 13. | The producing method code from the following table:<br>F Flowing<br>P Pumping or other artificial lift  | 34. | MM/DD/YY that new oil was first produced.  |
| 14. | MM/DD/YY that this completion was first connected to a gas transporter.   | 35. | MM/DD/YY that gas was first produced into a pipeline.  |
| 15. | The permit number from the District approved C-129 for this completion.   | 36. | MM/DD/YY that the following test was completed.  |
| 16. | MM/DD/YY of the C-129 approval for this completion.   | 37. | Length in hours of the test.   |
| 17. | MM/DD/YY of the expiration of C-129 approval for this completion.   | 38. | Flowing tubing pressure - oil wells<br>Shut-in tubing pressure - gas wells   |
| 18. | The gas or oil transporter's OGRID number.  | 39. | Flowing casing pressure - oil wells<br>Shut-in casing pressure - gas wells   |
| 19. | Name and address of the transporter of the product.   | 40. | Diameter of the choke used in the test.  |
| 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.   | 41. | Barrels of oil produced during the test.   |
| 21. | Product code from the following table:<br>O Oil<br>G Gas  | 42. | Barrels of water produced during the test.   |
| 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.)  | 43. | MCF of gas produced during the test.   |
|     |   | 44. | Gas well calculated absolute open flow in MCF/D.   |
|     |   | 45. | The method used to test the well:<br>F Flowing<br>P Pumping<br>S Swabbing<br>If other method please write it in.   |
|     |   | 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.  |
|     |   | 47. | 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. |