District I PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico
Energy, Minerals & Natural Resources Depart

Form C-104
Revised October 18, 1994
Instructions on back

District II 811 South First, Artesia, NM 88210

RT

District III 1000 Rio Braze District IV 2040 South Pac	checo, Santa	Fe, NM 875	05		Sant	O Sout ta Fe,	th Pach NM 87	505] AM	iate District Off 5 Cop ENDED REPO		
I.	F	REQUES	TF	OR A	LLOWAE	BLE A	ND AU	THOR	TAZE	ION TO					
Operator name and Address Nadel and Gussman Permian, L.L.C.											² OGRID Number				
3200 First National Tower											155615				
Tulsa, Oklahoma 74103											Reason for Filing Code CH effective 09-01-96				
	API Number									CH €	fiect	.ve	09-01-96		
30 - 0	'Pool Name "LL" Queen (Associated)							* Pool Code							
⁷ Property Code			⁶ Property Name							' Well Number					
016718 2021/			Marlisue Queen Unit (Tr 2)							007					
	Surface	Location	n					,,		·					
Ul or lot no.	Section	Township	F	Range	Lot.Idn	Feet from	m the	North/Sc	outh Line	Feet from the	East/W	est line	County		
G	G 24 148		29E			2620		North		2075	East	t. Chavez			
11	Bottom	Hole Lo	catio	on		<u> </u>	1					·	L		
UL or lot no. Section		Township		Range	Lot Idn	Feet fro	m the	he North/South line		Feet from the	East/W	est line	County		
G	24	148	ļ	29E		26.	20	Nor	th	2075	Eas		Chavez		
12 Lse Code		ing Method (Code	14 Gas	Connection Date	e ¹⁵ (C-129 Permi	t Number		C-129 Effective	e Date	17 C-	129 Expiration Date		
S	WIW		ļ						-			U -	ZZ ZZPRRUOR DRE		
III. Oil a	nd Gas	Transpo	rters						!						
Transpor										7 200 vi -					
OGRID		· · · - · ·	and Address					24 POD 21 O/G			22 POD ULSTR Location and Description				
	ļ											<u> </u>	······································		
							. D. A. S. S.	MC teach to high							
												₹ \			
										NOV 2 2 1996					
**********								O marker !		THE 'S		-01			
2001.00000.00	· ·									an	2.2.1	370			
						1		arian a salah baran 1964)		M	34 12 12	۲ć²	o Ma		
							ani wakazi nilai	we and blockers			, will Cou	<u>) </u>			
							vissios ersus esse.			all.		R 2			
										000	$\omega_{y_{\pi_2}}$	11 "			
	iced Wa	iter				·									
13	POD						" POD ULS	TR Locat	ion and D	escription					
V. Well (Complet	ion Data	1												
25 Spud			Ready	Date		" TD	** PBTD ** Perf				prations 30 DHC, DC,MC				
											· acour		DHC, DC,MC		
31 Hole Size		<u></u>	T	³³ Ca	asing & Tubing		33 Depth Set				³⁴ Sacks Cement				
											0.1				
· · · · · · · · · · · · · · · · · · ·	·		+					 -			Yo.	2	ID-3		
											2-7-97				
		· · · · · · · · · · · · · · · · · · ·	<u> </u>									che	and I		
			i									F			
VI. Well	Test Da	ta	<u> </u>												
B Date No	w Oil	× Gas D	elivery	Date	" Test	Date	1	Test Les	and b	***					
			_					100 120	-Brn	108.	Pressure		4 Csg. Pressure		
41 Choke	Size	4	² Oil		43 Wa		-								
			-		***	iver		" Gas		* A	OF		" Test Method		
" I hereby certify	v that the pul	es of the Oil (Conse	ustica Di	data basa basa										
with and that the	information	given above i	s true a	And compl	vision have been lete to the best of	complied fmv		OII	CON	JCED37 A 7	MON D	7 77 63	· O.V.		
knowledge and b	elief.	٨	_	•		,		OII	L CO	NSERVAT	ION D	(V121	ON		
Signature:	Xa	the.	(ممد	کریم		Approved	by:	SUPER'	VISOR, DIS	TRICT II				
Printed name:	Kath	y Garro	7.7				Title:								
Title:							A	D							
Deter		uction					Approvai	DEE:	JAN 2	7 1997			<u></u>		
	20/96				18/583-33										
If this is a ch	ange of oper	rator fill in ti	he OGI	RID num	ber and name o	f the pres	rious operat	or	ייי די מיויי	12476	. 0				
MNA En				. Co.				(OGRID	124/6) C				
Da	Previous O	perator Signa	uture N ().	de se	L Danie	21 M.	Printed Alex	Name ander	r M	anager	TRI	09-0)1-96 Date		
							-								

New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "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.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- 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

 Add gas transporter

 CG Change gas transporter

 RT Request for test allowable (Include volume requested)

 If for any other reason write that reason is this have

If for any other reason write that reason in this box.

- 4 The API number of this well
- 5. The name of the pool for this completion
- 6 The pool code for this pool
- The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- 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. 10.
- 11. The bottom hole location of this completion
- Lease code from the following table:

 F Federal
 S State
 P Fee
 J Jicarilla
 N Navajo
 U Ute Mountain Ute
 I Other Indian Tribe 12.

- 13. The producing method code from the following table:
- Flowing Pumping or other artificial lift 14.
- MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17.
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- 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. 20.
- 21. Product code from the following table: Oil Gas
- 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.) 22.
- 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. 23.
- 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.)
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- 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. 30.

- 31. Inside diameter of the well bore
- 32 Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and
- Number of sacks of cement used per casing string 34.

If 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.

- 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
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 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
 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 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 48.