District 1 PO Box 1960, Hobbs, NM 88241-1960 District II

State of New Mexico Energy, Minerals & Natural Resources Dep

Form C-104 Revised February 10, 1994 Instructions on back

NO Drawer DD, Artenia, NM 88211-8719 OIL CONSERVATION DIVISION Submit to Appropriate District Office District III PO Box 2088 5 Copies 1000 Rio Brazos Rd., Aziec, NM 87416 Santa Fe, NM 87504-2088 District IV ■ AMENDED REPORT PO Box 2082, Santa Fe, NM 87504-2082 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Danny R. Watson Operating ¹ OGRID Number 005825 c/o Oil Reports & Gas Services, Inc. Reason for Filing Code P. O. Box 755 Hobbs, NM 88241 Eff 9/1/95 ⁴ API Number 4 Pool Name ' Pool Code 30 - 025-21731 Bagley Permo Penn, North 03820 ⁷ Property Code Property Name ' Well Number 011626 Dallas 001 ¹⁰ Surface Location Ul or lot no. Section Lot.Ida North/South Line | Feet from the Township Range Feet from the East/West line County **6**60 South 660 West Lea 11 Bottom Hole Location UL or lot me. Section Township North/South line Lot Ida Feet from the Feet from the East/West line County 118 33E 660 South 660 West Lea 12 Lee Code 13 Producing Method Code 14 C-129 Permit Number 14 Gas Connection Date 14 C-129 Effective Date 17 C-129 Expiration Date III. Oil and Gas Transporters 1º Transporter Name " POD 31 O/G 2 POD ULSTR Location OGRID and Description 015694 0 2599110 Navajo Refining Co. M-15-11S-33E P. O. Box 159 Artesia, NM 88211-0159 024560 Warren Pet. Co 2599130 M-15-11S-33E P. O. Box 1589 Tulsa, OK 74102 IV. Produced Water M POD ULSTR Location and Description Well Completion Data Bpud Date " Ready Date " PBTD 29 Perforations " Hole Size 31 Casing & Tubing Size 22 Depth Set 33 Sacks Cement VI. Well Test Data H Date New Oil M Gas Delivery Date * Tbg. Pressure " Test Date " Test Length " Cag. Pressure 41 Oil " Choke Size 4 Water a Gas " AOF 4 Test Method " 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. OIL CONSERVATION DIVISION ORIGINAL SIGNED BY Signature: Approved by: GARY WINK FIELD RE Printed name: / Title: Laren Holler Title: Approval Date: SEP 28 1995 Agent 09/26/95 Phone: (505) 393-2727 " If this is a change of operator fill in the OGRID number and name of the previous operator Previous Operator Signature

Printed Name

Title

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 bar

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 1, 11, 111, 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.

- 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.
- Reason for filing code from the following table: NW New Well 3.

RCH AO CO AG CRT

New Well
Recompletion
Change of Operator
Add oil/condensate transporter
Change oil/condensate transporter
Add gas transporter
Change gas transporter
Request for test allowable (include volume requested) requested)
If for any other reason write that reason in this box.

- 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 7.
- 8. The property name (well name) for this completion
- The well number for this completion 9.
- 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.
- The bottom hole location of this completion 11.
- Lease code from the following table: 12.

Federal State Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe

- The producing method code from the following table: 13. Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14. 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 completion 17.
- The gas or oil transporter's OGRID number 18.
- 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.
- Product code from the following table: 21.

Oil

- 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.
- 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.) 24.
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Inside diameter of the well bore 30.
- Outside diameter of the casing and tubing 31.
- 32. Depth of casing and tubing. If a casing liner show top and
- 33. Number of sacks of cement used per casing string

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 34.
- MO/DA/YR that gas was first produced into a pipeline 35.
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 41 Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D 44.
- The method used to test the well: 45.

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 46.
- 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 47.

