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

State of New Mexico

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office

District II Submit to Appropriate District Office TO Drawer DD, Artesia, NM \$8211-0719 OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088 5 Copies District III 1000 Rio Brazos Rd., Aztec, NM 87410 AMENDED REPORT District IV PO Box 2088, Santa Fe, NM 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Ι. Operator name and Address OGRID Number 007943 Floyd Operating Company Reason for Filing Code 711 Louisiana Suite 1740 CH-Change of Operator Houston, Texas 77002 Effective: 1/1/96 Pool Name ⁴ API Number 03820 Bagley Permo Penn, North **30 - 0** 25-23991 ' Well Number ⁷ Property Code Property Name 1 202085 18265 Hess State 10 Surface Location II. Lot.Idn Feet from the North/South Line | Feet from the Fast/West line County Township Range Ul or lot no. 690 West Lea 33E 2080 South 11S 11 Bottom Hole Location East/West line County UL or lot no. Section Lot Ida Feet from the North/South line Feet from the Township Range 17 C-129 Expiration Date 16 C-129 Effective Date 14 Gas Connection Date 15 C-129 Permit Number Producing Method Code 13 Lac Code 5 4/72 III. Oil and Gas Transporters 31 O/G 12 POD ULSTR Location 20 POD 15 Transporter Name Transporter and Description ogrid and Address T11S R33E 0587530 G Warren Petroleum Company 024650 PO Box 1589 Tulsa, OK 74102 Produced Water M POD ULSTR Location and Description POD Well Completion Data 19 Perforations מד יי " PBTD II Spud Date M Ready Date 33 Sacks Cement 11 Depth Set 31 Casing & Tubing Size M Hole Size VI. Well Test Data " Cag. Pressure M Tbg. Pressure " Test Length M Test Date Date New Oil M Gas Delivery Date 4 Test Method 4 AOF o Gas 41 Oil 4 Water " Choke Size 4 I hereby certify that the rules of the Oil Conservation Division have been complied OIL CONSERVATION DIVISION with and that the information given above is true and complete to the best of my knowledge and belief. Approved by: ORIGINAL SIGNED BY JERRY SECTON Signature: DISTRICY | SUPERVISOR Printed name: JAN 69 (20) Approval Date: Tille: Manager of Production Phone: 7/3/222-6275 If this is a change of operator fill in the OGRID number and name of the previous operator President By: Bruce O. Barthel BISON PETROLEUM CORPORATION Previous Operator Signature Printed Name

e.C

OGRID-002424

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.

separate C-104 must be filed for each pool in a multiple

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

- <u> 1.</u> 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.
- Reason for filing code from the following table:

 NW New Well

 RC Recompletion

 CH Change of Operator

 AO Add oil/condensate transporter

 CO Change oil/condensate transporter

 AG Add gas transporter

 CG Change gas transporter

 RT Request for test allowable (Include volume requested)

 If for any other reason write that reason in this box. 3.
- 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
- 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
- 12. Lease code from the following table:

Federal State Fee Jicarilla Navajo Ute Mountain Ute

Other Indian Tribe

13. The producing method code from the following table: Flowing Pumping or other artificial lift þ

- 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.
- 16. (C) MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17. completion
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- 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:
 O Oil
 G Gas 21. Oil Gas

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ij

- T' 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",eto.)
- 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
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhols 29.
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- 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
- 35. MO/DA/YR that gas was first produced into a pipeline
- 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
- 44. Gas well calculated absolute open flow in MCF/D
- 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.