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Appropriate District Office
DISTRICT I
P.O. Box 1980, Hoobs, NM 88240

## State of New Mexico Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III

DISTRICT II P.O. Drawer DD, Artesia, NM 88210

| 1000 Rio Brazos Rd., Aztec, NM 8741                                                                                                            | REQUEST FO                              | OR ALLOWAE                  |                                 |                                                                          |                       |                       |                        |            |  |
|------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|-----------------------------|---------------------------------|--------------------------------------------------------------------------|-----------------------|-----------------------|------------------------|------------|--|
| TO TRANSPORT OIL AND NATURAL GA                                                                                                                |                                         |                             |                                 |                                                                          |                       | API No.               | <del></del>            |            |  |
| OGS Operating Co., Inc.                                                                                                                        |                                         |                             |                                 | 30-031-20847                                                             |                       |                       | 47                     |            |  |
| Address                                                                                                                                        |                                         |                             |                                 |                                                                          |                       | _                     |                        |            |  |
|                                                                                                                                                | Suite 1140, Mi                          | dland, Texa                 |                                 |                                                                          |                       |                       |                        |            |  |
| Reason(s) for Filing (Check proper box                                                                                                         |                                         | Transporter of:             |                                 | er (Please explo                                                         | aun)                  |                       |                        |            |  |
| New Well  Recompletion                                                                                                                         | · · · · · · · · · · · · · · · · · · ·   |                             |                                 |                                                                          |                       |                       |                        |            |  |
| Change in Operator                                                                                                                             | Casinghead Gas                          | Condensate                  |                                 |                                                                          |                       |                       |                        |            |  |
| If change of operator give name and address of previous operator                                                                               |                                         |                             |                                 | _                                                                        |                       | `                     | ٠.                     |            |  |
|                                                                                                                                                | LANDIEACE                               |                             |                                 |                                                                          |                       |                       |                        |            |  |
| II. DESCRIPTION OF WELL AND LEASE  Lease Name   Well No.   Pool Name, Including Formation                                                      |                                         |                             |                                 |                                                                          | Kind                  | of Lease              | ] Le                   | ase No.    |  |
| Bilberry 2 Bluitt San A                                                                                                                        |                                         |                             |                                 | s Assoc                                                                  | State,                | Federal of Fee        |                        |            |  |
| Location                                                                                                                                       |                                         |                             |                                 |                                                                          |                       |                       |                        |            |  |
| Unit Letter A                                                                                                                                  | . 990                                   | Feet From The No            | orth Lin                        | e 2nd991                                                                 | 0 Fe                  | et From The           | East                   | Line       |  |
| Section 15 Town                                                                                                                                | ship 8-S                                | Range 37-E                  | , N                             | мрм,                                                                     |                       | Roosevel              | t                      | County     |  |
| Section 15 1040                                                                                                                                | <u> </u>                                |                             |                                 | · · · · · · · · · · · · · · · · · · ·                                    |                       |                       |                        |            |  |
| III. DESIGNATION OF TRA                                                                                                                        |                                         |                             | RAL GAS                         |                                                                          | Link annualis         | copy of this form     | is to be see           | -()        |  |
| Name of Authorized Transporter of Oil                                                                                                          | or Coades                               |                             | Acciress (Gr                    | e daaress to wi                                                          | uch approved          | copy of this form     | 1 1 10 06 12           | <b>1</b> / |  |
| Name of Authorized Transporter of Casinghead Gas or Dry Gas X                                                                                  |                                         |                             |                                 | Address (Give address to which approved copy of this form is to be sent) |                       |                       |                        |            |  |
| Oxy NGL Inc.                                                                                                                                   |                                         |                             | Box 300 Room 1052, C            |                                                                          |                       | OTOP, Tulsa, OK 74102 |                        |            |  |
| if well produces oil or liquids,                                                                                                               | oil or liquids, Unit Sec. Twp. Rge      |                             | Is gas actually connected? When |                                                                          |                       | 4.4                   |                        |            |  |
| give location of tanks.                                                                                                                        |                                         | l sius samminal             | yes                             |                                                                          |                       | March,                | טעפיו                  |            |  |
| I this production is commingled with the IV. COMPLETION DATA                                                                                   | at from any other lease or              | poor, give communiga        | mg order man                    | <u> </u>                                                                 |                       |                       |                        |            |  |
|                                                                                                                                                | Oil Well                                | Gas Well                    | New Well                        | Workover                                                                 | Deepen                | Plug Back  Sa         | me Res'v               | Diff Res'v |  |
| Designate Type of Completic                                                                                                                    | <u> </u>                                | X                           | X                               | <u> </u>                                                                 |                       | <u></u>               |                        | J          |  |
| Date Spudded<br>12-17-89                                                                                                                       | Date Compl. Ready to Prod.  1-17-90     |                             | Total Depth 4620*               |                                                                          | P.B.T.D.<br>4585'     |                       |                        |            |  |
| Elevations (DF, RKB, RT, GR, etc.)                                                                                                             |                                         | Name of Producing Formation |                                 | Top Oil/Gas Pay                                                          |                       |                       | Tubing Depth           |            |  |
| 4015.4 San Andres                                                                                                                              |                                         |                             | 4467 <b>'</b>                   |                                                                          |                       | 4470'                 |                        |            |  |
| Perforations                                                                                                                                   |                                         |                             |                                 |                                                                          |                       |                       | Depth Casing Snoe 4619 |            |  |
| 4467' -                                                                                                                                        |                                         | CACA AND                    | CENCENTI                        | NC BECOD                                                                 | <u>n</u>              | 46                    | 19.                    |            |  |
| VOLE 0175                                                                                                                                      | TUBING, CASING AND CASING & TUBING SIZE |                             | DEPTH SET                       |                                                                          |                       | SA                    | SACKS CEMENT           |            |  |
| HOLE SIZE<br>12-1/4"                                                                                                                           | 8-5/8 <sup>ff</sup>                     |                             | 368'                            |                                                                          |                       | 225                   |                        |            |  |
| 7-7/8"                                                                                                                                         | 4-1/2"                                  |                             |                                 | 4619'                                                                    |                       |                       | 650                    |            |  |
|                                                                                                                                                |                                         |                             |                                 |                                                                          |                       |                       |                        |            |  |
| DATE AND DEOLE                                                                                                                                 | EST FOR ALLOW                           | ARIG                        | <u> </u>                        |                                                                          |                       |                       |                        |            |  |
| V. TEST DATA AND REQU<br>OIL WELL (Test must be afte                                                                                           | er recovery of total volume             | of load oil and must        | be equal to or                  | exceed top allo                                                          | owable for thi        | s depth or be for     | full 24 hour           | s.)        |  |
| Date First New Oil Run To Tank                                                                                                                 | Date of Test                            |                             | Producing M                     | ethod (Flow, pu                                                          | ımp, gas lift, e      | etc.)                 |                        |            |  |
|                                                                                                                                                |                                         |                             | <u> </u>                        |                                                                          |                       | Choke Size            |                        |            |  |
| Length of Test                                                                                                                                 | Tubing Pressure                         |                             | Casing Pressure                 |                                                                          |                       | Choke Size            |                        |            |  |
| Actual Prod. During Test                                                                                                                       | Oil - Bbls.                             |                             | Water - Bbis.                   |                                                                          |                       | Gas- MCF              |                        |            |  |
| ACTUAL FROM DUTING TEST                                                                                                                        | Oli - Bols                              |                             |                                 |                                                                          |                       |                       |                        |            |  |
| GAS WELL                                                                                                                                       |                                         |                             |                                 |                                                                          | •                     |                       |                        |            |  |
| Actual Prod. Test - MCF/D                                                                                                                      | Length of Test                          | Bbls. Condensate/MMCF       |                                 |                                                                          | Gravity of Condensate |                       |                        |            |  |
| 1813                                                                                                                                           | 4 hrs                                   |                             | Casing Pressure (Shut-in)       |                                                                          |                       | NA<br>  Choke Size    |                        |            |  |
| Testing Method (pilot, back pr.)                                                                                                               | l e                                     | Tubing Pressure (Shut-in)   |                                 | 1288                                                                     |                       | 3/16 - 7/16           |                        |            |  |
| prover                                                                                                                                         | 1288                                    |                             |                                 | 1200                                                                     |                       |                       | 7 3/10 - 7/10          |            |  |
| VI. OPERATOR CERTIF                                                                                                                            | ICATE OF COMP                           | LIANCE                      |                                 | OIL CON                                                                  | SERV.                 | ATIONER               | IVISIC                 | N          |  |
| I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above |                                         |                             |                                 |                                                                          |                       |                       | 121                    |            |  |
| is true and complete to the best of n                                                                                                          | 1y knowledge and belief.                |                             | Date                            | Approve                                                                  | d                     |                       | * M 1                  |            |  |
| 12 1 C 1                                                                                                                                       |                                         |                             |                                 | • 1                                                                      | •                     | α.                    |                        |            |  |
| Maday Lalon                                                                                                                                    |                                         |                             |                                 |                                                                          |                       | . Signe <i>J</i>      |                        |            |  |
| Signature / Mickey Dobson - Vice President-Drlg & Prod.                                                                                        |                                         |                             |                                 | By Paul Kautz                                                            |                       |                       |                        |            |  |
| Printed Name  Title                                                                                                                            |                                         |                             |                                 |                                                                          | 20 M                  | _ · <del>-</del>      |                        |            |  |
|                                                                                                                                                | 915) 682-6373                           | phose No.                   |                                 |                                                                          | ,                     |                       |                        |            |  |
| Date                                                                                                                                           | Lete                                    | PINOS IN.                   | 11                              |                                                                          |                       |                       |                        |            |  |

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

  1) Security Form C-104 must be filed for each pool in multiply completed wells.