Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, 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

DISTRICT III

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

Santa Fe, New Mexico 87504-2088

I.	REQUEST FOR TO TRANS	PORT OIL	AND NAT	URAL GA	S	A BI SI			
Operator	10/0/14				PI No.				
EG Operating Compa	ny (/ ·				130	0 005 209	<u> 187 - L</u>		
Address 305 Camp Craft Rd.,	Ste. 100-A. Austi	in. Texas	s 78746						
Reason(s) for Filing (Check proper box,		.iij Texus	Othe	t (Please expla	in)				
vew Well	Change in Tran	. [7]							
Recompletion 573	Oil Dry	denuste							
change in Operator (12) Change of operator give name				/05 **			2210 //	05	
od address of previous operator	Graham Royalty, I	.td. P.	0. Box 4	495 Hou	ston.	Texas 7	<u>/_44</u>	42	
L DESCRIPTION OF WELL	L AND LEASE				/ <u>1 </u>	-61		esse Na	
ease Name	142 Well No. Pool			11		of Lease Federal or Fee	NM15		
Hilliard B Federal		edar Pol	int (Stra	IWIL)			NEL_	W.I	
Location L	. 460 Food	From The We	est line	and 1980) F	et From The _	Sout	h Line	
Unit Letter		301			Chaves				
Section 26	hip 15S	ge 301	, NIM	IPM,	Cliaves			County	
	Nanonmen of OIL A	AITA BIATTIT	DAT CAS						
II. DESIGNATION OF TRA	NSPORTER OF OIL A	MD NATU	Address (Giw	address to wh	ich approved	l copy of this for	m is to be s	eni)	
Scurlock Permian Corporation 20445			P. O. Box 4648 Houston, Texas 77210-4648						
Name of Authorized Transporter of Cau		Ory Gas	Address (Give	address to wh	ich approves	l copy of this for	m is to be s	ert)	
American Gathering					Suite 2 When	000 Hous	ston.TX	77002-	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twy	ı Rge.	Is gas actually		Witer	ı r			
f this production is commingled with th	at from any other lease or pool.	give comming	ing order numb	yes					
V. COMPLETION DATA									
Designate Type of Completion	Oil Well	Gas Well	New Well	Workover	Deepen	Piug Back	Same Res'v	Diff Res'v	
Date Spudded		Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
				Top Oil/Gas Pay		Tubing Depth			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top On our	, ,			and wahar		
Perforations						Depth Casing Shoe			
						<u> </u>			
				CEMENTING RECORD			SACKS CEMENT		
HOLE SIZE	CASING & TUBIN	CASING & TUBING SIZE		DEPTH SET		SHORE CENTER			
									
						1			
V. TEST DATA AND REQU	EST FOR ALLOWABL ir recovery of iolal volume of lo	.E	he agual to or	exceed top allo	wahle for th	is depth or be fo	r full 24 hou	ers.)	
OIL WELL (Test must be after Date First New Oil Run To Tank	Date of Test	aa ou aha musi	Producing Me	thod (Flow, pu	mp, gas lift,	eic.)	_ 		
Date Lite Men On Kan to terr	Date of Year								
Length of Test	Tubing Pressure	Tubing Pressure		Casing Pressure			Choke Size		
				D. C.			Gas- MCF		
Actual Prod. During Test	Oil - Bbls.		Water - Bbis.						
			<u> </u>			<u>.l</u>			
GAS WELL Actual Prod. Test - MCF/D	Length of Test		Bbis. Conden	mte/MMCF	<u></u>	Gravity of C	onden sate		
WORNE LINE LOST - MICLID									
listing Method (pilot, back pr.)	Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)		Choke Size				
		- NCE	 			_1			
VL OPERATOR CERTIF	ICATE OF COMPLL	ANCE		DIL CON	ISERV	ATION [DIVISIO	NC	
I hereby certify that the rules and re Division have been complied with a	and that the information given al	nu bove							
is true and complete to the best of	ny knowledge and belief.		Date	Approve	d	APR	2019	J J	
//. 7.Hr.hww///				• •			CENTAR!		
111111111111			∥ By_	ORIGINA	LMENSE	BA TESSA	SEX TON		
Signature L. E. Geoffi	roy, Jr. Preside	nt		•	STIMET	20 PBR 4150	K		
Priced Name	Tu		Title						
	993 512-328-43 Telepho	55 ne No							
Date	1 erebno	⊶ . ∼.	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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.