State of New Mexico rgy, Minerals & Natural Resources

State R #1 Form C-104 Revised March 25, 1999

OIL CONSERVATION DIVISION

2040 South Pacheco Santa Fe, NM 87505

District I

1625 N. French Dr., Hobbs, NM 88240

Submit to Appropriate District Office 5 Copies

District II 811 South First, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV ☐ AMENDED REPORT 2040 South Pacheco, Santa Fe, NM 87505 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT ² OGRID Number 1 Operator name and Address KENIN O BUTLER & ASSOCIATES 12697 1.6. DUX 1171 ³ Reason for Filing Code EUTPT XT MIOLAND Operator CH eff 11/1/00 4 API Number 25-01155 Saunders Permo Upper Penn. 55120 30-0 9 Well Number 8 Property Name Property Code 27128 State "R" Surface Location Feet from the North/South Line Feet from the East/West line UL or lot no. Range Lot. Idn Section Township County 1980 33E South 1980 West Lea **Bottom Hole Location** East/West line UL or lot no. Section Township Lot. Idn Feet from the North/South Line Feet from the County 13 Producing Method Code 14 Gas Connection Date 15 C-129 Permit Number 16 C-129 Effective Date ¹⁷ C-129 Expiration Date 12 Lse Code S 3/26/59 III. Oil and Gas Transporters 18 Transporter OGRID 19 Transporter Name and Address 20 POD 21 O/G 22 POD ULSTR Location and Description Amoco Pipeline Co. 000734 2537100 0 K-27-14S-33E P.O. Box 702068 Tulsa, OK 74170-2060 Dynegy Midstream Ser LTD Ptr 2537130 024650 G K-27-14S-33E 1000 Louisiana, Ste. 5800 Houston, TX 77002 Produced Water 24 POD ULSTR Location and Description 23 POD 2537150 Well Completion Data 28 PBTD DHC, MC 26 Ready Date 29 Perforations 25 Spud Date 31 Hole Size 32 Casing & Tubing Size 33 Depth Set 34 Sacks Cement VI. Well Test Data 40 Csg. Pressure Test Date 38 Test Length Tbg. Pressure 36 Gas Delivery Date 35 Date New Oil ⁴² Oil 43 Water 44 Gas 45 AOF ⁴⁶ Test Method 41 Choke Size ⁴⁷ I hereby certify that the rules of the Off Conservation Division have been complied with and that the information given above is true and complete to the OIL CONSERVATION DIVISION best of myknowledge and belief Approved by: Signature: Printed name: Title: Kevin O. Bi Approval Date: resident Date Phone: 682 1178 11122100 ator fill in the OGRID number and name of the previous operator prom <u> Jon M. McLennan, General Manager</u>

Printed Name

(#162928)

Previous Operator Signature

Energen Resources Corporation

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

District II 811 South First, Artesia, NM 88210

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

Submit to Appropriate District Office 5 Copies

011 00001 1 11 1-1		
District III		
1000 Rio Brazos	Rd., Aztec,	NM 87410

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AM	ENDED	REPORT
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District I PO Box 1960, Hobbs, NM 88241-1960 District II

Form C-104
Revised October 18, 1994

Instructions on back

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Title:	/	ict Landm				Approval	Date:		. 2 'S9')			
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State of New Mexico
Energy, Minerals & Natural Resources Depar

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

State of New Mexico

Roergy, Minerals & Natural Resources Departm.

Form C-104 Revised October 18, 1994 Instructions on back
Submit to Appropriate District Office

District II

811 South First, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV			C		TION h Pach NM 87	Submit to Appropriate District Office 5 Copies AMENDED REPORT							
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District I PO Box 1980, Hobbs, NM 88241-1980 District II

State of New Mexico
Minerals & Natural Resources Departs

Form C-104

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PO Drawer DD, Artesia, NM 88211-0719 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV	OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088	Instructions on back Submit to Appropriate District Office 5 Copies
PO BOX 2008, Sama Fe, NM 87504-2008 I. REQUEST F	OR ALLOWABLE AND AUTHORIZATION	AMENDED REPORT
Ope	trator name and Address	1 TO TRANSPORT
SMITH & MARRS,	INC.	OGRID Number
P.O. BOX 863 KERMIT, TX 7974	15	120989

CHANGE OF OPERATOR Jana ' API Number Pool Name **30 - 0** 25-01155 Pool Code SAUNDERS PERMO UPPER PENN 55120 1 Property Name ' Well Number STATE "R" ī 10 Surface Location II.

Ul or lot no. Range Feet from the Feet from the North/South Line East/West line County 27 148 33E 1980 SOUTH

1980 WEST t E 4 11 Bottom Hole Location Section Township Lot Ida Feet from the North/South line Feet from the East/West line County

12 Lee Code 13 Producing Method Code 14 Gas Connection Date 14 C-129 Permit Number " C-129 Effective Date 17 C-129 Expiration Date P 3-26-59 Oil and Gas Transporters III.

Transporter OGRID	17 Transporter Name and Address	¹⁰ POD	³¹ O/G	" POD ULSTR Location
138648	AMOCO PL ITD P.O. BOX 702068 TULSA, OK 74170-2068	2537110	0	K-27-14S-33E
02/650	WARREN PETROLEUM CO. 13/30 NORTHWEST FREEWA STE. 1200	2537130	G	K-27-14S-33E
	HOUSTON, TX 77040-6095	**************************************		
IV. Produced	Water			

" POD ¹⁴ POD ULSTR Location and Description Well Completion Data

Spud Date " Ready Date "TD " PBTD 2º Perforations ™ Hole Size 11 Casing & Tubing Size 12 Depth Set " Sacks Cement

VI. Well Test Data Date New Oil M Gas Delivery Date " Test Date " Test Length M Thg. Pressure " Cag. Pressure " Choke Size " Oil 4 Water 4 Gas " AOF " Test Method " I hereby ceruify 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 OIL CONSERVATION DIVISION knowledge and belief.

Signature: Approved by: Printed name: JEPPI JENNINGS Title: Title: SECRETARY Approval Date: Date: Phone:

age of operator fill in the OGRID number and name of the pro-

DEIGUT A. TIPTON ous Operator Signature

Manager 4/24/97 Printed Name Oil Reports & Gas Services, inc. Agent for Dwight A. Tipton

CCRID 006550

Submit 5 Copies
Appropriate District Office
DISTRICT 1
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

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	•	TO TRA	INSPORT O	IL AND NA	TURAL G	AS				
Operator						Well	API No.			
Dwight A. Tipton Address				<u></u>		30-	025-0115	55		
c/o Oil Reports & Ga	as Servi	ces. I	nc. P. O.	Box 755	Hobbs	NM 88	24 1			
Reason(s) for Filing (Check proper box) New Well			Transporter of:		her (Please exp					
Recompletion	Oil		Dry Gas		Eff 7/1	/93				
Change in Operator	Casinghea	_	Condensate		DI I	7 3 3				
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	. AND LE	ACE								
Lease Name	AND DEA	Well No.	Pool Name, Inclu	ding Formation		Kind	of Lease		ease No.	
State "R"		1	l	Permo U			XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX		3-9461	
Location						<u> </u>		_		
Unit LetterK	_ :19	80	Feet From The	outh Lin	ne and19	<u>80</u> F	eet From The	West	Line	
Section 27 Townsh	ip 14:	S	Range 3	3E , N	MPM,			Lea	County	
III. DESIGNATION OF TRAI	NSPORTE!	R OF OI	L AND NATI	IRAL GAS						
Name of Authorized Transporter of Oil	XX	or Conden			ve address to w	hich approved	copy of this f	orm is to be s	ent)	
Amoco Pipeline ICT		<u>,</u>			West Av					
Name of Authorized Transporter of Canin	ighead Gas	X	or Dry Gas	1	ve address to w				eni)	
Warren Pet. Co. If well produces oil or liquids,	Unit	Sec.	Twp. Rge	P.O. B	ox 1589, ly connected?	4		102		
give location of tanks.	I K I	27	14S 33E	. Is gas actual	Yes	When		26/59		
If this production is commingled with that				gling order num			3/2	.07.39		
IV. COMPLETION DATA		Oil Well	Gas Well			1 5		10		
Designate Type of Completion	- (X)	IOII MEII	Gas well	New Well	Workover	Deepen	Plug Back 	Same Res'v	Diff Res'v	
Date Spudded	d Date Compl. Ready to Prod.					.1	P.B.T.D.	<u> </u>	1	
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing For	rmation	Top Oil/Gas	Pay		Tubing Dep	th		
Perforations	1					· · · · · · · · · · · · · · · · · · ·	Depth Casin	g Shoe		
			CASING AND	CEMENTI	NG RECOR	D				
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V. TEST DATA AND REQUES OIL WELL (Test must be after)				4 h						
OIL WELL (Test must be after) Date First New Oil Run To Tank	Date of Test		j loda od ana mas		ethod (Flow, pu			or jul 24 hou	rs.)	
1 4 77	<u></u>			<u> </u>		 				
Length of Test	Tubing Pres	sure		Casing Press.	ıre		Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Bbis.			Gas- MCF			
GAS WELL	 						1			
Actual Prod. Test - MCF/D	Length of To	est		Bbis. Conden	sate/MMCF	· · · · · · · · · · · · · · · · · · ·	Gravity of C	ondensate		
Sesting Method (pitot, back pr.)	Tubing Pres	sure (Shut-i	n)	Casing Press	ire (Shut-in)		Choke Size		 	
VI. OPERATOR CERTIFIC	ATE OF	COMPI	JANCE	1						
I hereby certify that the rules and regul	ations of the C	Dil Conserva	ation		DIL CON	ISERV	I NOITA	DIVISIO	N	
Division have been complied with and	that the inform	nation gives	above				111M 4 4	2 4000		
is true and complete to the best of my l	mowieage and	ı Dellel.		Date	Approve	d	JUN 1	בצבו י		
Jaren Hel	lu			By_	gksall	al signei	o en lang	SEXTON		
Signature Laren Holler		A	Agent	By -			- <u> </u>	.44		
Printed Name		-	Title	Title						
6/11/93 Date			393-2727 hone No.							

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.

Submit 5 Copies
A. Appriate 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 DISTRICT II P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.	-	TO TRA	NSPO	DRT OIL	L AND NA	TURAL	SAS					
Operator							1	Well /	API No.			
Dwight A. Tipton Address			 ,							·		
c/o Oil Reports & Gas	Service	es, Inc	., Bo	ox 755	. Hobbs	NM 88	241					
Reason(s) for Filing (Check proper box)			<u> </u>			her (Please exp						
New Well		Change in	Transpor	nter of:	WAI	RREN adv	ised m	nete	er disco	nnecte	∍đ	
Recompletion	Oil	_	Dry Gas		8/3	31/87						
Change in Operator	Casinghead	d Gas	Condens	sate			-					
and address of previous operator												
II. DESCRIPTION OF WELL	AND LEA	SE										
Lease Name		Well No.	Pool Na	me, Includ	ing Formation	hin			of Lease		Lease 1	No.
State"R"		1	Saur	nders	Permo Pe	nn		itate,	F && XXXXXXX	e B-	-9641	
Location		_			<i>,</i> 71							
Unit LetterK	_ : <u>198</u>	10	Feet Fro	m The	South Lin	e and198	80	_ Fe	et From The	Wes	;t	Line
Section 27 Township	n 14S		Range	33E	N	МРМ.		Le			c	
Joedon Township	·		Kauge		, 14	MILIMI,		-100	- a		u	ounty
III. DESIGNATION OF TRAN	SPORTE	R OF OI	L ANI	NATU	RAL GAS							
Name of Authorized Transporter of Oil	XX X	or Condens	ate [Address (Gi	ve address to w	vhich appr	oved	copy of this f	orm is to b	e seni)	
Amoco Pipeline Co.						x 702068						
Name of Authorized Transporter of Casing	thead Gas	<u></u> Ч	or Dry C	jas []	Address (Gi	ve address to w	vhich appr	oved	copy of this f	orm is to be	: sent)	
If well produces oil or liquids,			Twp.		Is gas actual	y connected?	Į v	Vhen	?			 -:
give location of tanks.	K	27	145	33E	NO							
If this production is commingled with that f IV. COMPLETION DATA	rom any othe	er lease or po	ool, give	commingl	ing order num	ber:						
IV. COMILETION DATA		Oil Well	l G	as Well	New Well	Workover	Deep	<u> </u>	Piug Back	Come Bee	ba	Dooley
Designate Type of Completion -	- (X)		i ~	25 ***CII	1104 11611	WOLKOVEI	i Deep	en 1	Flug Dack	Same Kes	v pui	Res'v
Date Spudded	Date Compl	. Ready to I	Prod.		Total Depth	1		L	P.B.T.D.	L		
Elevations (DF, RKB, RT, GR, etc.)	Name of Pro	oducing Fon	mation		Top Oil/Gas	Pay			Tubing Dept	ih		
Perforations	L	 			<u> </u>		-		Depth Casin	g Shoe		
	1								Depai Casin	g once		
	Tī	UBING, C	CASIN	G AND	CEMENTI	NG RECOR						
HOLE SIZE	CAS	ING & TUE	SING SI	ZE		DEPTH SET		SACKS CEMENT				
												
. TEST DATA AND REQUES	T FOR A	LLOWA	BLE		<u> </u>				<u> </u>			
OIL WELL (Test must be after re	covery of tou	al volume of	load oii	and must	be equal to or	exceed top all	lowable fo	r this	depth or be f	or full 24 h	ours.)	
Date First New Oil Run To Tank	Date of Test				Producing Me	ethod (Flow, p	ump, gas i	ift, et	c.)			
Length of Test	mai: - D	 			Casina Pros				Choke Size			
Length of Test	Tubing Press	sure			Casing Press	ire			Choke Size			
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.				Gas- MCF			
-												
GAS WELL												
Actual Prod. Test - MCF/D	Length of To	est			Bbls. Conden	sate/MMCF			Gravity of C	ondensate		
											1	
esting Method (pitot, back pr.)	Tubing Press	sure (Shut-in	1)		Casing Press.	re (Shut-in)			Choke Size			
VI. OPERATOR CERTIFICA				CE		DIL CON	JOED	۸/۸	TION	ופועור	ON	
I hereby certify that the rules and regular Division have been complied with and the							NOLI	V /-		ادادار	ON	
is true and complete to the best of my kr					Doto	Annrous	d					
10 .1 .					שמופ	Approve	<u> </u>					
Llound Walls					By_	E.	7.					
Signature Donna Holler		Agen	t.	·	Dy _	Ç.v	. Para			··· · · · · · · · · · · · · · · · · ·		
Printed Name		T	itle		Title							
Date	50	05-393-	2727					-				
LaiE		j elenh	MINE INC.									

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.