District I
PO Box 1960, Hobbs, NM \$2241-1980
District II

State of New Mexico
ergs, Minerals & Natural Resources Department

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

NO Drawer DD, Artesia, NM 88211-0719

| District III PO Box 2088 | | | | | | | | . 1000 | | | | | |
|---|---------------|----------------------|---------------------------------------|---------------------------------------|-------------------------|---|---------------------------|----------------|---|-------------|-----------------|-------------------|--|
| District IV Santa Fe, NM 87504-2088 | | | | | | | | | | 5 Copies | | | |
| PO Box 2088, S I. | | | | | DIE | | | | | لـا | | NDED REPORT | |
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| · · · · · · · · · · · · · · · · · · · | Agent | | | · · · · · · · · · · · · · · · · · · · | | Approva | Date: | | | | | | |
| | 4/94 | | Phone: (50 | 5) 393- | -2727 | | | | | | | | |
| " If this is a ch | ange of op | erator fill in t | he OGRID aus | ber and nam | pe of the pe | revious opera | er | | | | | | |
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| | | - p | | | | Printe | d Name | | | Title | | Date | |

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.

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

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

- 1. 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.
- 3.

Reason for filing code from the following table:

NW New Well

RC Recomplistion

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) requested)

if for any other reason write that reason in this box.

- 4 The API number of this well
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- 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
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla
 N Navajo
 U Ute Mountain Ute
 I Other Indian Tribe 12.
- The producing method code from the following table: F Flowing 13.
 - Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a gas transporter 14.
- 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 17.
- 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.

- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Bettery 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
- 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 openhole 29.
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and bottom.
- 33. Number of sacks of coment 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.

- 34. 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
- 45. The method used to test the well:

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.

1994

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

TO Drawer DD, Artesia, NM \$8211-0719

District III

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

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

Submit to Appropriate District Office 5 Copies

| Hatrict IV PO Box 2088, Se | | 107701 0000 | | Santa F | e, NM | 87504 | -2088 | | | | AME | ENDED REPORT | |
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| | | | • | ne and Address | | | | | | , ogri | D Numb | er | |
| MARKS & GARNER PRODUCTION CO. c/o Oil Reports & Gas Services, Inc., P. O. Box 755, Reason for Filing Code | | | | | | | | | | | | Code | |
| Hobbs, NM 88241 | | | | | | | | | | | | | |
| API Number Pool Name Pool Code | | | | | | | | | | | | Pool Code | |
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| | operty Code | 559 | | | ¹ Pre | perty Nau | | | | | ' W | dl Number | |
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| III. Oil a | nd Gas | Transpor | | | | | | | | | l <u></u> | | |
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| * I hereby sertify that the rules of the Oil Congervation Division have been complied | | | | | | | | | | | | | |
| with and that the knowledge and | | e sives above | is true and con | aplete to the best | of my | | 0 | IL CO | NSERVAT | ION I | OIVIS | ION | |
| Signature: | Xano | u X | to Ole | <u> </u> | | Approve | od by: | rig. Si | gned by | | | | |
| Printed name: | LAREN | HOLLER | | | | Tkle; | | Paul | និយម នៃ ១ភូមិន | | | | |
| Title: | AGENT | | | | | Approve | i Date: | 0733. | 0.1.1994 | · · · · · · | ······ | | |
| Deter | /30/94 | | Phone: (5 | 505) 393–27 | 27 | | | SEP | U 1 334 | | | | |
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| พพ | | UCING C | | ruyl | <u> </u> | J. R | Schl | agal | Pr | od M | RY Tule | 8-30-94 Date | |
| | ••••• | | | | | | | | | - | | - - | |

New Mexico Oli 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 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 A separate 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.
- 3.

Resson 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.

- The API number of this well 4.
- The name of the pool for this completion 5.
- The pool code for this pool
- The property code for this completion
- The property name (well name) for this completion 8.
- 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.
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 S State
 P Fee
 J Jicarilla
 N Navajo
 U Ute Mountain Ute
 I Other Indian Tribe 12.

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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.
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 G Gae 21.

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

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- MO/DAYR that gas was first produced into a pipeline 35.
- 36. MO/DA/YR that the following test was completed
- 37. Langth 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.
- Diameter of the choke used in the test 40.
- Barrels of oil produced during the test 41.
- 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.



AUG 3 0 1994

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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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

Santa Fe, New Mexico 87504-2088

| I. | REQUEST FO | NSPORT C | ABLE AND | AUTHOR | IZATION | | | | | |
|--|-------------------------------|------------------|-------------------|------------------------------------|------------------------|-----------------------------|------------------|---------------------------------------|--|--|
| Operator | | | AL MAD 147 | TOTALG | | API No. | · | | | |
| MWJ PRODUCING C | COMPANY | | <u> </u> | | | | | | | |
| Address 400 W. ILLINOIS | C - CUITME 110 | 0 4755 | | | | | | | | |
| Reason(s) for Filing (Check proper be | s - SUITE IIU | 0 MIDLA | | AS 7970 | 1 | | | | | |
| New Well | • | Transporter of: | L) Ot | ther (Please expe | lain) | | | | | |
| Recompletion | | Dry Gas | } | | | | | | | |
| Change in Operator | Casinghead Gas | Condensate [|] | | | | | | | |
| If change of operator give name and address of previous operator | | | | | ** | | | | | |
| IL DESCRIPTION OF WEI | LANDIEACE | | | | | | | | | |
| Lease Name | Well No | Pool Name, Inclu | ding Formation | | 1 20: 1 | | | | | |
| SAUNDERS 28 "A' | ' STATE 1 | SAUNDER | S PERMO | UPPER | PENNState | of Lease , Federal or Fe | | .ease No. :e L-508 | | |
| Location | | | | | | · | | | | |
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| Section 28 Town | 7.40 | | | | | eet From The | | Line | | |
| | 48117 | Range - | 33E , N | <u>мрм,</u> Le | a | | | County | | |
| T Energy Operating of TR. Name of Alaborized Transporter of O | ANSPORTER OF OI | L AND NAT | LIRAT, GAS | | | | | | | |
| Name of Authorized Transporter of Oi | or Condens | ale | Address (Gi | ve address to wi | hich approved | copy of this | form is to be s | eni) | | |
| ENRON OIL TRADI | NG EOFRAMERO | NOTTENT | P. O. | BOX 11 | B8 HOU | STON, | TEXAS ' | 77251-1 | | |
| Name of Authorized Transporter of Ca WARREN PETROLEUI | uinghead left ection 1. | d phyce _ | Address (Gin | ve address to wi | tich approved | t copy of this f | form is to be si | ent) | | |
| f well produces oil or liquids, | | Twp. Rge | | BOX 1 | | ULSA, (| OKLAHON | MA 7410 | | |
| ive location of tanks. | 1 | 145 33E | e. Is gas actuall | | When | '8/31/ | 81 | | | |
| this production is commingled with the | | ool, give commin | gling order num | ber: | | | 01 | | | |
| V. COMPLETION DATA | <u> </u> | | 5 - | | | ··· | | · · · · · · · · · · · · · · · · · · · | | |
| Designate Type of Completic | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | | |
| Date Spudded | Date Compl. Ready to | Prod | Total Depth | <u></u> | <u> </u> | Ļ | 1 | _l | | |
| • | South Road & | 1101 | rouzi Depui | | | P.B.T.D. | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of Producing For | mation | Top Oil/Gas | Pay | | Tubing Dept | | | | |
| | | | | | | ruoning Dep | uı | | | |
| erforations | | | | | - | Depth Casin | g Shoe | | | |
| | TIPRIC | CACDIC AND | (T) (T) | | | | | | | |
| HOLE SIZE | CASING & TUE | CASING AND | CEMENTI | | <u>D</u> | | | | | |
| | <u> </u> | ANG GIZE | | DEPTH SET | | | SACKS CEM | ENT | | |
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| | | | | | | | | | | |
| . TEST DATA AND REQU | EST FOR ALLOWA | D/ E | | | | | | | | |
| | | | | | | | | | | |
| ate First New Oil Run To Tank | r recovery of total volume of | toda ou and mus | | exceed top allo thod (Flow, pu | | | or full 24 how | rs.) | | |
| | | | | 1. 10.1, p.2 | , p, 6~ .y., c | , | | | | |
| ength of Test | Tubing Pressure | | Casing Pressu | ire | | Choke Size | | | | |
| | Oil - Bbis. | | | | | | | | | |
| ctual Prod. During Test | Water - Bbls. | | | Gas- MCF | | | | | | |
| 7 4 O 37077 7 | | | | | | <u></u> | | | | |
| GAS WELL ctual Prod. Test - MCF/D | II and 27 | | | | | | | | | |
| AMERITATION TOR - MCCP/D | Length of Test | | Bbls. Condens | sale/MMCF | | Gravity of C | ondensate | | | |
| sting Method (pitot, back pr.) | Tubing Pressure (Shut-in | 1) | Casing Pressu | re (Shut-in) | | Choke Size | | | | |
| | , | | | (| | CHORE SIZE | | | | |
| I. OPERATOR CERTIFI | CATE OF COMPI | IANCE | 1 | | | L | | | | |
| I hereby certify that the rules and reg | rulations of the Oil Conserva | tion | | DIL CON | SERVA | NOITA | DIVISIO | N | | |
| Division have been complied with an | d that the information given | above | | | | | | | | |
| is true and complete to the best of m | y knowleage and belief. | | Date | Approved | <u> </u> | EC 26 | 1989 | | | |
| . / /) ^ / | A | | 11 | , , | | | | | | |
| In the hall | 11 k()) | | | By ORIGINAL SIGNED BY JERRY SEXTON | | | | | | |
| Signature | replu | | Bv | ORIGINA | L SIGNPh | RY IEDAL | 0 1 1 1 | | | |
| Signature Pat DRexler | Agent Agent | | Ву | ORIGINA DI | L SIGNED STRICT I S | BY JERRY | SEXTON | | | |
| | T | Title -5216 | | ORIGINA DI | vic. i 1 2 | UPERVISO | R | | | |

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
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

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

| | • | TO TRA | ANSP | ORT OI | L AND NA | TURAL G | | | | | | |
|--|------------------|-----------------|---------------------------------------|-----------------|---|------------------------|------------------|-----------------------|---------------------------|-------------|--|--|
| Operator MWJ PRODUCING COM | TPANY | | | | | | Well | API No. | | | | |
| Address | | | | | | | l | | | | | |
| 400 W. ILLINOIS - SUITE 1100 MIDLAND, TEXAS 79701 Reason(s) for Filing (Check proper box) Other (Please explain) | | | | | | | | | | | | |
| New Well | | Change in | | corter of: | | er (r reuse expu | uon) | | | | | |
| Recompletion Change in Operator | Oil Casinghea | X | Dry C | | | | | | | | | |
| f change of operator give name | Camilgiea | u 025 | Conoc | DEACE (| | | | | | | | |
| and address of previous operator | | | | | | | | | | | | |
| I. DESCRIPTION OF WELL Lesse Name | | ASE Well No. | Pool I | Name, Includ | ing Formation | ····· | Kind | of Lease | | ease No. | | |
| | STATE | 1 | SAI | UNDERS | PERMO | UPPER | | | * State | e L-5087 | | |
| Location Unit Letter H | . 66 | 0 | _ Feet F | rom The | East Lin | e and19 | 80F | et From The | Nor | th_Line | | |
| Section 28 Township | 14: | S | Range | , 3 | 3E , N | мрм, Le | a | | | County | | |
| II. DESIGNATION OF TRAN | SPORTE | R OF O | IL A | ND NATU | RAL GAS | | | | | | | |
| Name of Authorized Transporter of Oil ENRON OIL TRADING | <u>×</u> | or Conde | nsale | | Address (Giv | e address to wi | | | | - | | |
| Name of Authorized Transporter of Casing | | ANTERO | 4.9 | | | BOX II | | | | 77251-118 | | |
| WARREN PETROLEUM | | | | <u> </u> | P. O. | BOX 1 | | | | A 74102 | | |
| If well produces oil or liquids, give location of tanks. | Unit H | Sec. 28 | Twp. | Rge. 5 33E | | - | When | 8/31/ | 81 | | | |
| f this production is commingled with that i | | | | | | | | | | | | |
| V. COMPLETION DATA | | Oil Well | ₁ | Gas Well | New Well | I w | l Donne | l Bu - B - 1 | le n | bia b | | |
| Designate Type of Completion | - (X) | 1011 MET | ' ! | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v | Diff Res'v | | |
| Date Spudded | Date Com | pl. Ready to | o Prod. | | Total Depth | | 4 | P.B.T.D. | | | | |
| Elevations (DF, RKB, RT, GR, etc.) | Name of P | roducing F | ormatio | 0 | Top Oil/Gas | Pay | | Tubing Dep | oth | | | |
| Perforations | L | | · · · · · · · · · · · · · · · · · · · | | <u> </u> | | | Depth Casin | ng Shoe | | | |
| | T | UBING. | CASI | NG AND | CEMENTI | NG RECOR | D | | | | | |
| HOLE SIZE | | SING & TI | | | | DEPTH SET | | | SACKS CEM | ENT | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| . TEST DATA AND REQUES | T FOR A | LLOW | ABLE | | 1 | | | 1 | | | | |
| OIL WELL (Test must be after re | ecovery of to | xal volume | | | | | | | for full 24 how | rs.) | | |
| Date First New Oil Run To Tank | Date of Te | s t | | | Producing Me | ethod (Flow, pu | ump, gas lift, e | etc.) | | | | |
| Length of Test | Tubing Pre | essure | | | Casing Press | ıre | <u>-</u> | Choke Size | | | | |
| Actual Prod. During Test Oil - Bbls. | | | | | Water - Bbis. | Water - Bbis. Gas- MCF | | | | | | |
| GAS WELL | <u> </u> | | | | <u> </u> | | | | | | | |
| Actual Prod. Test - MCF/D | Length of | Test | | | Bbls. Conden | sate/MMCF | | Gravity of | Condensate | | | |
| Sesting Method (pitot, back pr.) Tubing Pressure (Shut-in) | | | | | | ure (Shut-in) | | Choke Size | | | | |
| | | | | | | | | | | | | |
| VI. OPERATOR CERTIFIC. I hereby certify that the rules and regula | | | | NCE | | DIL CON | ISERV. | ATION | DIVISIO | N | | |
| Division have been complied with and t | that the infor | rmation giv | | 'e | OIL CONSERVATION DIVISION Date Approved DEC 2 6 1989 | | | | | | | |
| is true and complete to the best of my k | mowledge an | nd belief. | | | Date | Approve | d | EUK | ७ ।५४५ | | | |
| Jar his | ufle | ر | | | _{D.} , | ORIGINA | Al Sichies | | | | | |
| Signature Pat DRexler | Aae | nt_ | | | By_ | | is to the t | i By Jengy Supakwa | ' SEXTON OR | | | |
| Printed Name 12/8/89 | (91 | | Title 32-5 | 216 | Title | | | | | | | |
| Date | | | ephone | | | | | | | | | |
| | | | | | | | | | | | | |

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

FLATION C. 12% NEW MEXICO " . Supersedes Old (-104 and (-11 SANTA FE J- ALLOWABLE REQUES. Effective 1-1-65 FILE AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL THANSPORTER GAS OPERATOR PRORATION OFFICE Operator MWJ PRODUCING COMPANY 1804 First National Bank Bldg. Midland, Texas 79701 Other (Please explain) Reason(s) for filing (Check proper box) X New Well Change in Transporter of: Dry Gas Recompletion Change in Ownership Casinghead Gas Condensate If change of ownership give name N/Aand address of previous owner 1. DESCRIPTION OF WELL AND LEASE Well No. Pool Name, Including Forngular Kind of Lease Lease No. State, Federal or Fee Saunders 28 "A" State L-5087 1 Saunders Permo Penn State 1980 660 Feet From The East Н North Line and 14S 33E , NMPM. Lea 28 County Township Range Line of Section I. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Oil X P. O. Box 1183 Houston, Texas 77001 Permian (Eff. 9 / 1 /87) Permian Corporation Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas X or Dry Gas Tulsa Oklahoma 74102 Is gas actually connected? When Warren Petroleum Company Twp. Sec. Rge. Unit If well produces oil or liquids, 8/31/81 Η 28 14S 33E yes give location of tanks. N/A If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Plug Back Same Res'v. Diff. Res'v. Oil Well Gas Well New Well Workover Designate Type of Completion = (X) X Х P.B.T.D. Date Compl. Ready to Prod. Total Derth Date Spudded 9937' 9/4/81 10,050' 4/14/81 Elevations (DF, RKB, RT, GR, etc., Top Oil, Gas Pay Tubing Depth Name of Producing Formation 9886' 9971' 4206.5' GL Bough C Depth Casing Shoe Perforations 9886-98941 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 17'' 11'' 400 13-3/8" 370 1300 8-5/8" 4125! 300 5-1/2" 10.050' 7-7/8" V: TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.)

| Date First New Oil Run To Tanki | Date of 1881 | | | |
|---------------------------------|-----------------|-----------------|------------|--|
| 9/4/81 | 9/4/81 | Pumping | | |
| Length of Test | Tubing Pressure | Casing Pressure | Choke Sixe | |
| 24 hrs | | | | |
| Actual Prod. During Test | Oil-Bble. | Water - Bbls. | Gas - MCF | |
| 75 | 30 | 45 | 38 | |
| | | | | |

GAS WELL Gravity of Condensate Bhla. Condensate/MMCF Length of Test Actual Prod. Test-MCF/D Casing Pressure (Shut-in) Choke Size Tubing Pressure (Shut-in) esting Method (pitot, back pr.)

VI. CERTIFICATE OF COMPLIANCE

9/8/81

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given

| above | is | true | and | complete | to | tne | Dest | 01 | my | Knowledge | and | Delve | ٠. |
|-------|----------|------|-----|----------|----|------|-------|----|----|-----------|-----|-------|----|
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| ٠. ١ | ; r | 'n | \ | 512 | 1 | 18 | |) | | | | | _ |
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| | A٤ | ent | | | | | | | | | | | _ |
| | | | | | | (Tit | le) | | | | | | |

(Date)

OIL CONSERVATION COMMISSION

| APPROVED_ | <u> </u> | • | , 19 |
|-----------|----------|--------|------|
| ay | 150 | Rend B | |
| TITI F | | | |

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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