

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

1 Operator name and Address AMERICAN INLAND RESOURCES COMPANY, LLC. P.O. BOX 50938 MIDLAND, TX 79710		2 Operator OGRID 3 188294
		3 Reason for Filing Code CH (EFF. 2/01/2000)
4 API Number 30-025-28816	5 Pool Name SAUNDERS PERMO UPPER PENN	6 Pool Code 55120
7 Property Code 26187	8 Property Name NEW MEXICO -AT- STATE	9 Well Number 14

II. 10 Surface Location

U/L or lot no. O	Section 15	Township 14S	Range 33E	Lot. Idn	Feet from the 660	North/South Line SOUTH	Feet from the 1980	East/West Line EAST	County LEA
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11 Bottom Hole Location

U/L or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
12 Lse Code S	13 Producing Method Code SI	14 Gas Connection Date		15 C-129 Permit Number		16 C-129 Effective Date		17 C-129 Expiration Date	

III. Oil and Gas Transporters

18 Transporter OGRID	19 Transporter Name and Address	20 POD	21 O/G	22 POD ULSTR Location and Description
138648	AMOCO PIPELINE ICT 502 NORTHWEST AVE LEVELLAND, TX 79336	2474610	O	15-14S-33E TANK BATTERY
024650	Dynegy midstream VERSADO GAS PROCESSORS 1000 LOUISIANA STE. 5800 HOUSTON, TX 77002	2806217	G	15-14S-33E GAS METER

IV. Produced Water

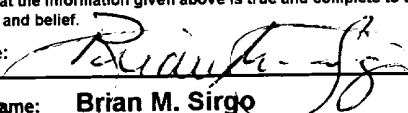
23 POD 2474650	24 POD ULSTR Location and Description 15-14S-33E
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V. Well Completion Data


25 Spud Date	26 Ready Date	27 TD	28 PBTD	29 Perfs	30 DHC, DC, MC
31 Hole Size		32 Casing Tubing Size	33 Depth Set		34 Sacks Cement

VI. Well Test Data

35 Date New Oil	36 Gas Delivery Date	37 Test Date	38 Test Length	39 Tbg. Pressure	40 Csg. Pressure
41 Choke Size	42 Oil	43 Water	44 Gas	45 AOF	46 Test Method

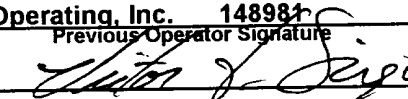
47 I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  
Signature:   
Printed name: Brian M. Sirgo  
Title: Vice President  
Date: 6/14/00  
Phone: 915-685-0981

OIL CONSERVATION DIVISION

Approved by:   
Title: President  
Approval Date: 6/14/00

48 If this is a change of operator fill in the OGRID number and name of the previous operator

Midland Operating, Inc. 148981

Previous Operator Signature:   
Printed Name: Victor J. Sirgo  
Title: President  
Date: 6/14/00



District I  
P.O. Box 1980, Hobbs, NM 88241-1980  
  
District II  
P.O. Drawer DD, Artesia, NM 88211-0719  
  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
  
District IV  
P.O. Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals and Natural Resources Department  
  
**OIL CONSERVATION DIVISION**  
P.O. Box 2088  
2040 South Pacheco  
Santa Fe, NM 87505

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

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address Midland Operating, Inc. 3300 N. A Street, Suite 104 Midland, TX 79705		<sup>2</sup> OGRID Number 148981
		<sup>3</sup> Reason for Filing Code CH effective 3/1/99
<sup>4</sup> API Number 30-025-28816	<sup>5</sup> Pool Name SAUNDERS PERMO UPPER PENN	<sup>6</sup> Pool Code 55120
<sup>7</sup> Property Code 24363	<sup>8</sup> Property Name NEW MEXICO -AT- STATE	<sup>9</sup> Well Number 14

10 Surface Location									
UI or lot no. O	Section 15	Township 14S	Range 33E	Lot. Idn	Feet from the 660	North/South line S	Feet from the 1980	East/West line E	County LEA

11 Bottom Hole Location									
UI or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South line	Feet from the	East/West line	County
12 Lse Code S	13 Producing Method Code SI	14 Gas Connection Date		15 C-129 Permit Number	16 29 Effective Date		17 C-129 Expiration Date		

III. Oil and Gas Transporters

18 Transporter OGRID	19 Transporter Name and Address	20 POD	21 O/G	22 and Description
022628	TEXAS-NEW MEXICO PIPELINE CO. P. O. BOX 5568 T.A.  DENVER, CO 80217-5568	2474610	O	
024650	DYNEGY MIDSTREAM SERVICES, LTD PT 1000 LOUISIANA, STE. 5800  HOUSTON, TX 77002	2806217	G	

IV Produced Water

23 POD 2474650	24 POD ULSTR Location and Description
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V. Well Completion Data

25 Spud Date	26 Ready Date	27 TD	28 PBTD	29 Perforations
30 Hole Size	31 Casing & Tubing Size	32 Depth Set		33 Sacks Cement

VI Well Test Data

34 Date New Oil	35 Gas Delivery Date	36 Test Date	37 Test Length	38 Tbg. Pressure	39 Csg. Pressure
40 Choke Size	41 Oil	42 Water	43 Gas	44 AOF	45 Test Method

<sup>46</sup> I hereby certify 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 knowledge and belief.  Signature: <i>Victor Sirgo</i>  Printed Name: Victor Sirgo  Title: President  Date: 03/03/99  Phone: (915) 570-0077		<b>OIL CONSERVATION DIVISION</b>  APPROVED BY  Approved by:  Title:  Approval Date:	
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<sup>47</sup> If this is a change of operator fill in the OGRID number and name of the previous operator OGRID #000873 Apache Corporation			
Previous Operator Signature: <i>Pamela M. Leighton</i>	Printed Name Pamela M. Leighton	Title Regulatory Analyst	Date 2/12/99

MP

## DISTRICT I

P.O. Box 1980, Hobbs, NM 88241-1980

## DISTRICT II

P.O. Box Drawer DD, Artesia, NM 88211-0719

## DISTRICT III

1000 Rio Brazos Rd., Aztec, NM 87410

## DISTRICT IV

P.O. Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals and Natural Resources Department

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104

Revised February 10, 1994

Instructions on back

Submit to Appropriate District Office

5 Copies

☐ AMENDED REPORT

## I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator Name and Address APACHE CORPORATION 1700 LINCOLN STREET SUITE 2000 DENVER CO 80203		<sup>2</sup> OGRID Number 000873
		<sup>3</sup> Reason for Filing Code CH - Effective date 03/01/95
<sup>4</sup> API Number 3002528816	<sup>5</sup> Pool Name SAUNDERS PERMO UPPER PENN	<sup>6</sup> Pool Code 55120
<sup>7</sup> Property Code 16828	<sup>8</sup> Property Name NEW MEXICO -AT- STATE	<sup>9</sup> Well No. 14

II. <sup>10</sup> Surface Location

UI or lot no. O	Section 15	Township 14S	Range 33E	Lot.Idn	Feet From The 660	North/South Line SOUTH	Feet From The 1980	East/West Line EAST	County LEA
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<sup>11</sup> Bottom Hole Location

UI or lot no.	Section	Township	Range	Lot.Idn	Feet From The	North/South Line	Feet From The	East/West Line	County
<sup>12</sup> Lse Code S	<sup>13</sup> Producing Method Code	<sup>14</sup> Gas Connection Date 4/26/83	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date				

## III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> POD	<sup>21</sup> O/G	<sup>22</sup> POD ULSTR Location and Description
022628	TEXAS NEW MEXICO PIPELINE CO PO BOX 5568 TA DENVER CO 802175568	2474610	O	
024650	WARREN PETROLEUM CORPORATION P O BOX 1589 TULSA OK 74102	2806211	G	

## IV. Produced Water

<sup>23</sup> POD 2474650	<sup>24</sup> POD ULSTR Location and Description
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## V. Well Completion Data

<sup>25</sup> Spud Date	<sup>26</sup> Ready Date	<sup>27</sup> Total Depth	<sup>28</sup> PBTD	<sup>29</sup> Perforations
<sup>30</sup> HOLE SIZE	<sup>31</sup> CASING & TUBING SIZE	<sup>32</sup> DEPTH SET	<sup>33</sup> SACKS CEMENT	

## VI. Well Test Data

<sup>34</sup> Date New Oil	<sup>35</sup> Gas Delivery Date	<sup>36</sup> Date of Test	<sup>37</sup> Length of Test	<sup>38</sup> Tubing Pressure	<sup>39</sup> Casing Pressure
<sup>40</sup> Choke Size	<sup>41</sup> Oil - Bbls.	<sup>42</sup> Water - Bbls.	<sup>43</sup> Gas - MCF	<sup>44</sup> AOF	<sup>45</sup> Test Method

<sup>46</sup> I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature

Printed Name

Al Buron

Title Permian Region Manager

Date

2/28/95

Telephone

713-296-6356

## OIL CONSERVATION DIVISION

Approved By:

ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT I SUPERVISOR

Title:

Approval Date:

MAR 23 1995

<sup>47</sup> If this is a change of operator fill in the OGRID number and name of the previous operator

TEXACO E &amp; P INC 022351

Previous Operator Signature

Printed Name

RUSSELL POOL

Title

Senior Engineer

Date

2/15/95

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Exploration and Production Inc.		Well API No. 30 025 28816	OK
Address P. O. Box 730 Hobbs, New Mexico 88240-2528			
Reason(s) for Filing (Check proper box)		<input checked="" type="checkbox"/> Other (Please explain) EFFECTIVE 6-1-91	
New Well <input type="checkbox"/>	Change in Transporter of:		
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>		
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>		
If change of operator give name and address of previous operator Texaco Inc. P. O. Box 730 Hobbs, New Mexico 88240-2528			

II. DESCRIPTION OF WELL AND LEASE

Lease Name NEW MEXICO AT STATE	Well No. 14	Pool Name, Including Formation SAUNDERS PERMO UPPER PENN	Kind of Lease State, Federal or Fee STATE	Lease No. 543950
Location Unit Letter <u>0</u> : <u>660</u> Feet From The <u>SOUTH</u> Line and <u>1980</u> Feet From The <u>EAST</u> Line Section <u>15</u> Township <u>14S</u> Range <u>33E</u> , NMPM, LEA County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil Texas New Mexico Pipeline C <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) 1670 Broadway Denver, Colorado 80202					
Name of Authorized Transporter of Casinghead Gas Warren Petroleum Corporation <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1589 Tulsa, Oklahoma 74102					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 10	Twp. 14S	Rge. 33E	Is gas actually connected? YES	When ? 04/26/83

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	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		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (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.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature K. M. Miller  
Printed Name K. M. Miller Title Div. Ops. Engr.  
Date May 7, 1991 Telephone No. 915-688-4834

OIL CONSERVATION DIVISION

Date Approved JUN 03 1991  
By ORIGINAL SIGNED BY DISTRICT SEXTON  
Title \_\_\_\_\_

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.

## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

Operator

TEXACO Inc.

Address

P. O. Box 728, Hobbs, New Mexico 88240

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name  
and address of previous owner

## II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
New Mexico "AT" State	14	Saunders Permo Upper Penn	State, Federal or Fee	B-9505
Location				
Unit Letter	0	660 Feet From The	South Line and	1980 Feet From The
Line of Section	15	Township	14-S	Range
			33-E	NMPM, Lea

## III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Texas New Mexico Pipe Line Company	P. O. Box 2528, Hobbs, New Mexico 88240	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Warren Petroleum Company	P. O. Box 1579, Tulsa, Oklahoma 74102	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	M	10
	14-S	33-E
	Yes	When
		10-29-84

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-40

## IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rest'v.	Diff.
	X		X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
8-23-84	10-28-84		10,100'		10,050'			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
4205' (GR)	Penn		9786'		10,017'			
Perforations					Depth Casing Shoe			
9786-10,002'					10,100'			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17-1/2"	13-3/8"	525'	600
12-1/4"	8-5/8"	4200'	2000
7-7/8"	5-1/2"	10,100'	2150

V. TEST DATA AND REQUEST FOR ALLOWABLE  
OIL WELL(Test must be after recovery of total volume of load oil and must be equal to or exceed top  
able for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
10-28-84	10-30-84	Pumping	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
24 Hrs.	---	---	---
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF
	43	57	54

## GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

## VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation  
Division have been complied with and that the information given  
above is true and complete to the best of my knowledge and belief.

District Operations Manager

(Title)

10-31-84

(Date)

OIL CONSERVATION DIVISION

NOV - 5 1984

APPROVED \_\_\_\_\_, 19

BY ORIGINAL SIGNED BY JERRY SEXTON  
DISTRICT SUPERVISOR

TITLE \_\_\_\_\_

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

If this is a request for allowable for a newly drilled or deep  
well, this form must be accompanied by a tabulation of the device  
tests taken on the well in accordance with RULE 111.All sections of this form must be filled out completely for all  
able on new and recompleted wells.Fill out only Sections I, II, III, and VI for changes of own  
well name or number, or transporter, or other such change of condi  
Separate Forms C-104 must be filed for each pool in multi  
completed wells.