

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 30-025-28817	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 13

II. 10 Surface Location

U/L or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West Line	County
E	15	14S	33E		1980	NORTH	660	WEST	LEA

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 VERSADO GAS PROCESSORS Midstream 1000 LOUISIANA STE. 5800 HOUSTON, TX 77002	2806217	G	15-14S-33E GAS METER

IV. Produced Water

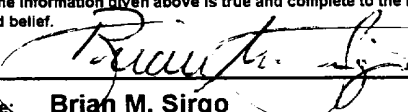
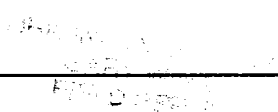

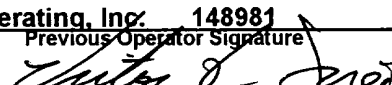
23 POD 2474650	24 POD ULSTR Location and Description 15-14S-33E
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V. Well Completion Data

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: 	OIL CONSERVATION DIVISION	
Printed name: Brian M. Sirgo	Approved by: 	
Title: Vice President	Title: 	
Date: 6/14/00	Approval Date:	
Phone: 915-685-0981		
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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address Midland Operating, Inc. 3300 N. A Street, Suite 104 Midland, TX 79705		² OGRID Number 148981
		³ Reason for Filing Code CH effective 3/1/99
⁴ API Number 30-025-28817	⁵ Pool Name SAUNDERS PERMO UPPER PENN	⁶ Pool Code 55120
⁷ Property Code 24363	⁸ Property Name NEW MEXICO -AT- STATE	⁹ Well Number 13

¹⁰ Surface Location

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

⁴⁶ 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: *Victor Sirgo*
Printed Name: Victor Sirgo
Title: President
Date: 03/03/99
Phone: (915) 570-0077

OIL CONSERVATION DIVISION

APPROVED BY
[Signature]
Title:
Approval Date:

⁴⁷ 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: *[Signature]* Printed Name: Pamela M. Leighton Title: Regulatory Analyst Date: 2/12/99

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator Name and Address APACHE CORPORATION 1700 LINCOLN STREET SUITE 2000 DENVER CO 80203		² OGRID Number 000873
		³ Reason for Filing Code CH - Effective date 03/01/95
⁴ API Number 3002528817	⁵ Pool Name SAUNDERS PERMO UPPER PENN	⁶ Pool Code 55120
⁷ Property Code 16828	⁸ Property Name NEW MEXICO -AT- STATE	⁹ Well No. 13

II. ¹⁰ Surface Location

UI or lot no.	Section	Township	Range	Lot.Idn	Feet From The	North/South Line	Feet From The	East/West Line	County
E	15	14S	33E		1980	NORTH	660	WEST	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 5	¹³ Producing Method Code	¹⁴ Gas Connection Date 4/26/83	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
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	2806215	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 Total Depth	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 Date of Test	³⁷ Length of Test	³⁸ Tubing Pressure	³⁹ Casing Pressure
⁴⁰ Choke Size	⁴¹ Oil - Bbls.	⁴² Water - Bbls.	⁴³ Gas - MCF	⁴⁴ AOF	⁴⁵ Test Method

⁴⁶ 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
Title: DISTRICT I SUPERVISOR

Approval Date: _____

MAR 23 1995

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

TEXACO E & P INC 022351

Previous Operator Signature

Printed Name

RUSSELL POOL

Title

Senior Engineer

Date

2/15/95

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210P.O. Box 2088
Santa Fe, New Mexico 87504-2088DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Texaco Exploration and Production Inc.		Well API No. 30 025 28817
Address P. O. Box 730 Hobbs, New Mexico 88240-2528		
Reason(s) for Filing (Check proper box) 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"/>		<input checked="" type="checkbox"/> Other (Please explain) EFFECTIVE 6-1-91
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. 13	Pool Name, Including Formation SAUNDERS PERMO UPPER PENN	Kind of Lease State, Federal or Fee STATE	Lease No. 543950
Location Unit Letter <u>E</u> : 1980 Feet From The <u>NORTH</u> Line and <u>660</u> Feet From The <u>WEST</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 <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Texas New Mexico Pipeline C	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 <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Warren Petroleum Corporation	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.

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

OIL CONSERVATION DIVISION

Date Approved _____

By _____ ORIGINAL SIGNED AND STATION

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.

P. O. BOX 2088

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED		
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TRANSPORTER	DIL	
	DAS	
OPERATOR		
PRODUCTION OFFICE		

Address

Reason(s) for filing (Check proper box)

Other (Please explain)

If change of ownership give name
and address of previous owner _____

Lease Name New Mexico'AT'State		Well No. 13	Pool Name, Including Formation Saunders Permo Upper Penn	Kind of Lease State, Federal or Fee	Lease No. B-9505
Location					
Unit Letter E	: 1980	Feet From The North	Line and 660	Feet From The West	
Line of Section 15	Township 14-S	Range 33-E	, NMPM, Lea		County

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 Co.				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 Co.				P. O. Box 1579, Tulsa, Oklahoma 74102		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	M	10	14-S	33-E	Yes	9-11-84

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

COMPLETION DATA									
Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff.
Date Spudded 7-26-84		Date Compl. Ready to Prod. 9-11-84		Total Depth 10,100'		P.B.T.D. 10,095'			
Elevations (DF, RKB, RT, GR, etc.) 4212' (GR)		Name of Producing Formation Penn		Top Oil/Gas Pay		Tubing Depth 10,091'			
Perforations						Depth Casing Shoe			

TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
17½"	13 3/8"	525'	600
12½"	8 5/8"	4,166'	2200
7 7/8"	5½"	10,100'	2200

(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)

OIL WELL		Date for this Report or for future	
Date First New Oil Run To Tanks 9-11-84	Date of Test 9-16-84	Producing Method (Flow, pump, gas lift, etc.) Ramping	
Length of Test 24 Hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls. 252	Water-Bbls. 90	Gas-MCF 214

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

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.

J. L. Schaff
(Signature)
Asst. Dist. Mgr.
(Title)
9-18-84
(Date)

SEP 21 1984

APPROVED SEP 11 1961, 1961
BY GEORGE W. [illegible]
TITLE [illegible]

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 wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.