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

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 Revised October 18, 1994

District II 811 South First, District III 1000 Rio Brazos District IV			OIL CONSERVATIO 2040 South Pa Santa Fe, NM				eco	ION	Instructions on back Submit to Appropriate District Office 5 Copies  AMENDED REPORT				
2040 South Pack	D	FOLIEGT	FOR A	LLOWAB	LE AN	ID AU	THOR	IZAT	ON TO TR	·			
1.		LQCLST	Operator nai	ne and Address		O AUTHORIZATION TO TRANSPORT  OGRID Number  34703  Reason for Filing Code  NW  Of Name  Poof Code  96693							
Operator name and Address  Saba Energy of Texas, Incorporated 1603 S.E. 19th Street, Suite 202 Edmond, Oklahoma 73013 HAS LIS WELL BELOW TAPI Number  OF SIGNATION  API Number						PLACED IN NOT CORE			34703				
Edmond, Oklahoma 73013 . HAS OW							IF YOU DO			<sup>3</sup> Reason for Filing Code NW			
	Janona,	, GRECITO	730.	WELL WELL	BELLO								
1A 30 - 025-	PI Number		oma 73013  WELL HAS OFFICE.  OFSIGNATHIS OFFICE.  WOTIFY THIS OFFICE.  WILdcat				ie				* Pool Code 96693		
	operty Code		* Pre				von	an			' Well Number		
2007				ate					1				
II. 10 S	Surface	Location											
Ul or lot no.	Section	Township	Range Lot.Idn Feet			t from the North/Sout		outh Line	Feet from the	East/West	line Coun	ıy	
1	7	13S 36E			2310		South		1308	East	East Lea		
11 Bottom Hole Loc		Hole Loca	ation										
UL or lot no.	UL or lot no. Section		Range	Lot Idn	Feet from the		North/South line		Feet from the	East/West line County		ty	
1	7	13S	36E		2310		South		1308	East Lea			
12 Lse Code	<sup>13</sup> Produci	ng Method Coo			" C	<sup>15</sup> C-129 Perm		'	C-129 Effective Date		17 C-129 Expiration	i Dute	
	S F N/A Oil and Gas Transporters												
III. Oil and Gas Transporters  "Transporter "Transporter Name "POD "O/G "POD ULSTR Location"											R Location		
OGRID			and Addres				and Description						
			peline, ICT			2804490 0							
200 N. Lo Midland,			oraine, Ste. 1200 Texas 79701								į		
	1.1.	earana,	CAGO	77701									
		····											
							,						
							-						
V. Produced Water													
	OD	1101				4 POD UI	STR Local	tion and I	Description				
N/A						- 000			- Coccipion				
V. Well (	Complet	ion Data											
25 Spud			Ready Date 27 TD			<sup>™</sup> PBTD				» DHC, DC,N	AC		
12/27/96		3/08,	/97	14,0	31'	14,031'		1'	open ho	le 3	2,		
	11 Hole Size		32 Casing & Tubing Size				33	Depth Se			Sacks Cement		
1	" 48# H-4	0	454'				490						
1	1"		8 5/8	4546'				900					
7	7/8"		5 1/2	13980'				2000					
2 7/8" 6.5# P-110						13960'							
VI. Well	Test Da	ıta	2 // 0										
33 Date New Oil 34 Gas Delivery Date 37 Test Date						34 Test Length			39 Tbg. Pressure 40 Csg. Pressure				
3/9/97		N/A		4/16/97		24 hou		urs	50		0		
4 Choke Size		<sup>42</sup> Oil		43 W	ater		" Gas		45 AOF		" Test Method		
28/64" 297 0  "I hereby certify that the rules of the Oil Conservation Division have been complied."							0 N/A Flowing						
				ivision have been		OIL CONSERVATION DIVISION							
knowledge and l					,	77.00							
Signature: Jacq Millo							Approved by: Orig. Signed by Paul Kautz						
Printed name: Tracy Mills							Title: Geologist						
Tide: Engineering Assistant							Approval Date: MAY 0 6 1997						
Date: April 29, 1997   Phone: (405) 340-3600							LIDE						

Printed Name

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

Previous Operator Signature

Date

Title

## New Mexico Oil 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

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

- Operator's name and address 1.
- 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 Recompletion

CH Change of Operator (Include the effective date.)

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 12.

Navajo Ute Mountain Ute Other Indian Tribe

- The producing method code from the following table:
  F Flowing
  P Pumping or other artificial lift 13.

- MO/DA/YR that this completion was first connected to a 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.
- 17. MO/DA/YR of the expiration of C-129 approval for this
- 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.
- 21. Product code from the following table:

- 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.
- 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.)
- 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.
- Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore. 30.

- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and
- Number of sacks of cement used per casing string

If 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.

- MO/DA/YR that new oil was first produced
- 36. MO/DA/YR that gas was first produced into a pipeline
- 37. MO/DA/YR that the following test was completed
- 38. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- Barrels of water produced during the test
- 44. MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- The method used to test the well:

  F Flowing
  P Pumping
  S Swabbing
  If other method please write it in.

- 47. 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
- 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 48.