District I PO Box 1980, Hobbs, NM 83241-1980 District II

State of New Mexico

Energy, Minerals & Natural Resources Department

Form C-104 Revised October 18, 1994

Instructions on back Submit to Appropriate District Office

811 South First, Artesia, NM 88210 District III			OIL CONSERVATION DIVISION 2040 South Pacheco						Submit to Appropriate District Office 5 Copies					
1000 Rio Brazo District IV		:	Santa Fe, NM 87505						AMENDED REPORT					
2040 South Pac	zheco, Santa R	Fe, NM 87505 EQUEST	FOR A	LLOWAB	LE AN	ID AU	THORE	ZATI	ON TO T	RANSP	ORT			
Ricks Exploration, Inc.									' OGRID Number 168489					
210 Park Ave. Suite 3000										3 Reason for Filing Code				
	oma Cit	y, OK	73102	•			WI							
API Number 30 - 0 25-35817			Trir	Pool Name			^ Pool Code 59890							
' Property Code 25306			BURE	roperty Na	ıme		° Well Number 4							
II. 10	Surface	Location	. ,											
Ul or lot no.	1 1		Range Lot.Idn 38E		Feet from the 2310 1		North/South Line South		Feet from the 1210'			County Lea		
11 Bottom Ho		Hole Loc	ll ocation											
UL or lot no.	, 	Township	Range	Lot Idn	Feet from	n the	North/Sou	th line	Feet from the	East/We	st line	County		
12 Lse Code	13 Produci	ng Method C	ode ¹⁴ Gas (Connection Date	. II C	-129 Pern	it Number	*	C-129 Effective	Date	" C-1	29 Expiration Date		
P	Pump		3/2	Connection Date 23/02										
III. Oil and Gas Transporters							* POD 11 O/G							
OGRID			Transporter Name and Address			- POD - 0/G			22 POD ULSTR Location and Description					
		-	oco, Inc. Box 2039				831761 0							
Tulsa, Ok 74102														
024650		ynegy Mi Desta D		Services	39	831	162	G						
	200		Tx 7970	705										
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			<u>-</u>											
	Marie (C)				TO SERVICE SER	601 (MANAGAN)	9.50-6							
IV. Prod	used We									:				
п	POD	ilei				* POD UI	STR Locatio	e and D	escription	-				
28317														
V. Well (Ready Date	<u> </u>	" TD		» PBTI		1 29 mc	²⁹ Perforations ²⁹ DHC, DC, MC				
2/6/02		1	22/02	9214'			9177'		9050-9078-		³⁰ DHC, DC,MC			
31 Hole Size			-	Size	Size 33 Depth Se					Secto	r Cement			
17½" 11"			13-3/8"			400			- / ₂					
7-7/8"			8-5/8" 5-3"			4506' 9214'			2050 E 350			, ~		
, ,,,			3 2			9214								
VI. Well Test Data									· /	2 Cr.		<u> </u>		
3/23/02			M Gas Delivery Date 3/23/02		³⁷ Test Date 4/1/02		Test Length		" Tog. Presenge		T	" Csg. Pressure		
4 Choke Size		42 Oil		4/1/02		24 hrs		* AOF		* Test Method				
)		110		AOF		Pı	ump		
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						OIL CONSERVATION DIVISION								
knowledge and belief. Signature:						OIL CONSERVATION DIVISION Approved by: ORIGINAL SIGNED BY ORIGINAL KALITZ								
Printed name: Lynne Suchy						Approved by: ORIGINAL STATE PAUL F. KAUTZ PAUL F. KAUTZ PETROLEUM ENGINEER								
Title: Drilling Assistant						Approval Date: APR 2 3 2802								
Date: 4/10/02 Phone: 405/516-1100 This is a change of operator fill in the OGRID number and name of the pre-										, n 1(~ <u>ປ</u>	L-U <u>L</u>		
" If this is a c	hange of ope	rator fill in th	e OGRID nun	nber and name o	of the pre	rious oper	itor							
Previous Operator Signature Printed Name Title											Date			

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 ba

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 completion.

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:

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
- 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.
- 11. The bottom hole location of this completion
- 12. Lease code from the following table:

S

State Fee Jicarilla

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 14.
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- 17. MO/DA/YR of the expiration of C-129 approval for this completion
 - 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: "Battery A", "Jones CPD",etc.)
- 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 an author 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.
- 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
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- 34 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.

- 35. MO/DA/YR that new oil was first produced
- 36. MO/DA/YR that gas was first produced into a pipeline
- _ MO/DA/YR that the following test was completed 37.
- 38. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- 47. Barrels of oil produced during the test
- 43. 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
- 46. 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 47. signed, and the 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.