District J PO Ber 1980, Hobbe, NM \$5241-1980 District II \$11 South First, Artasia, NM \$5210 District III 1009 Rio Brazos Rd., Aztec, NM \$7410 District IV				State of New Mexico Minerals & Natural Resources Department OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505						Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office 5 Copies				
2040 South Pack 1.			T FOR A			<u>ANI</u>	D <u>AU</u>	THOR	JZATI	ION TO TR		PORT		
STB E	nergy,		Operator na							1	' OGRII	D Numb 416	ber	
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	roperty Cod	se 39~0	Finle	ν		* Pro	operty Nam	×				•w	Vell Number	
II. ¹⁰ S	Surface	Location	n						· · · · · · · · · · · · · · · · · · ·					
Ul or lot no. A	Section 6	Township 5S	Range 33E			et from t 660	ihe	North/South Line North		Feet from the 660			County Roosevelt	
11	Bottom	Hole Loo	cation	<u> </u>		<u> </u>				L I I			<u> </u>	
UL or lot no.	. Section	Township	Range	Lot Idn		eet from	the		South line	Feet from the	East/We		,	
A ¹² Lse Code	6 ¹⁾ Produc	5S cing Method C	33E Code ¹⁴ Gas	Connection		660 " C-1	129 Permit	Nor Number		660	Eas ⁻		Roosevelt	
P	F			9-22-81				17 				<u> </u>	467 Experiment and	
		Transpor												
" Transpor OGRID)		" Transporter and Addre				²⁰ POD ²¹ O/					POD ULSTR Location and Description		
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	uced W	ater			········							<u> </u>	<u></u>	
09434	POD 450					34	POD ULS	TR Loca	ation and D	Jascription				
V. Well (Comple	tion Data	a						, 	<u> </u>	<u> </u>			
	d Date		Ready Date			D		* 75	TD	» Perfora	tions	T	* DHC, DC,MC	
	¹¹ Hole Size	e	1 33 /	Casing & T	Tubing Si		┯┷━	;	¹¹ Depth Se	<u> </u>			cks Cement	
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VI. Well	Test Da	ento.									· ·			
		Delivery Date	elivery Date 77 Test Date			² Test Length			· " Thg. Pr	reamure	ere Cog. Pressure			
4 Choke	e Size			1	⁰ Water	ler		4 Gas		* A0	.	+-	* Test Method	
⁴⁷ I hereby certif with and that the	ify that the r	ules of the Oil	Conservation [Division hav	ve been cor	mplied								
knowledge and I Signature:	belief.		+ A		best or my	·	OIL CONSERVATION DIVISION							
Printed name:		<u>m</u>	(Me	\cong	<u>م</u>		Approved	by:	DISTR	2020 DV CH NOT I SULEIN	us wyj <u>vocia</u>	I I. Me	;	
		1 W. Car ident &		Manag	12									
Title: Vice President & General Date: Phone:				Manage 18-745-	•		Approval	Dete:	<u>FC 2</u>	1 1008				
" If this is a ch	pands of ob	perator fill in f		mber and p		<u>il</u>	icus operat	i de la com						
X	<u>222</u>	Overster Sim	<u> 20</u>	<u> </u>			s G. B		<u> </u>	President	<u>د</u>			

Provious Operator Signature Double Eagle Petroleum Corporation,					2	nted Name -			This			
Doub1e	Eagle	Petroleum	Corporation,	P.O.	Box	35286,	Tulsa,	OK	74153-0286	OGRID	#	

Date 167537

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IF THIS IS AN AMENDED REPOR. 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 bar

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.

Operator's name and address 1.

3.

12.

- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- Reason for filing code from the following table:

 NW
 New Well

 RC
 Recompletion

 CH
 Change of Operator (Include the effection)

 AO
 Add oil/condensate transporter

 CO
 Change oil/condensate transporter

 AG
 Add gas transporter

 CG
 Change gas transporter

 RT
 Request for test allowable (Include the operator)

 - - RC
 Recompletion

 CH
 Change of Operator (Include the effective date.)

 AO
 Add oil/condensate transporter

 CO
 Change oil/condensate transporter

 CG
 Change oil/condensate transporter

 CG
 Change 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.
- 4. The API number of this well
- Б. 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
- 10. 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.
- 11. The bottom hole location of this completion
 - Lease code from the following table: F Federal S State P Fee J Jicarille

NU

- Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: 13. 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 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. Oil Gas
- 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", "Jones LPD Water Tank 24. (Example: " Tank",etc.)
- MO/DA/YR drilling commenced 25.
- 26. MO/DA/YR this completion was ready to produce
- Total vertical depth of the well 27.
- 28. - Plugback vertical depth
- 29.
- Top and bottom perforation in this completion or casing shoe and TD if openhole
- 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 cament 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 35.
- 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 39.
- 40. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 41. Diameter of the choke used in the test
- 42. 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
 - The method used to test the well: F Flowing
 - Pumping Swabbin

46.

- 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 we signed, and the telephone number to call for question about this report 47.
- 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.