D'strict I PO Box 1980, Fiobbs, NM 88241-1980 District II 811 South First, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV 2040 South Pacheco, Santa Fe, NM 8750			5	ew Mexico ral Resources Department TION DIVISION h Pacheco NM 87505			Form C-104 Revised October 15, 1994 Instructions on back Submit to Appropriate District Office 5 Copies				
I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT											
Thomas Resources Corp.									159954		
203 E	. Thi		-						'Reason for Filing Code CH -9-1-97		
<u></u>	PI Number		<sup>s</sup> Pool Name						8-3/-97 * Pool Code		
<b>30 - 0</b> 25-00355			Andei	olfcamp, North				0192	01920		
< <del>20</del> 0	operty Cod	1073	North	n Anders	Property Name Ranch Unit 33				' Well Number 001		
II. <sup>10</sup> S	Surface Section	Location Township	Range	Lot.Idn	Feet from	from the North/South Line			Feet from the East/West line County		
Е	33	15S	32E		198		North		660	West	Lea
·····		Hole Loc									
UL or lot no. E	Section 33	Township 15S	Range 32E	Lot Idn	Feet fro 198		North/South line North		Feet from the 660	East/West Lin West	Lea
<sup>12</sup> Lae Code	<sup>13</sup> Produci	P Gas Co		Connection Date	nection Date <sup>15</sup> C-L		29 Permit Number		C-129 Effective Date <sup>17</sup> C-129 Expiration Date		C-129 Expiration Date
III. Oil a	nd Gas	Transpor	ters							<u>i</u>	
<sup>18</sup> Transporter OGRID		" Transporter Name and Address				<sup>20</sup> POD <sup>21</sup> C		<sup>21</sup> O/G	<sup>22</sup> POD ULSTR Location and Description		
		EOTT			2	2545010 0					
		P.O. Box 4666 Houston, Texas 77210									
005097 Conoc							2545030 G				
			ity, OK 74602							r	
							-				
IV. Produced Water											
	OD					" POD UL	STR Locat	tion and D	escription	-	
2545 ľ		ion Data									
<sup>B</sup> Spud Date		*P		27 TD		* PBTD		<sup>29</sup> Perforations		" DHC, DC,MC	
<sup>31</sup> Hole Size			<sup>32</sup> Casing & Tubing Size			<sup>13</sup> Depth Se			1	<sup>™</sup> Si	acks Cement
		· · · · · · · · · · · · · · · · · · ·									
										<del></del>	
										<u> </u>	
VI. Well ' <sup>37</sup> Date Ne	Test Da		l'an D								
		<sup>34</sup> Gas Delivery Date		" Test	<sup>37</sup> Test Date		<sup>38</sup> Test Length		" Tbg. Pressure		" Csg. Pressure
*' Choke Size		<sup>42</sup> Oil		1	43 Water		4 Gas		<sup>45</sup> AOF		" Test Method
<sup>47</sup> I hereby certify that the rules of the Oil Conservation Division have been complie with and that the information given above is true and complete to the best of my knowledge and belief.						OIL CONSERVATION DIVISION					
Signature:						Approved by: CRIGINAL SIGNED BY CHDIC					
Printed name Lames Phomas						Approved by: CRIGINAL SIGNED BY CHRIS WILLIAMS DISTRICT I SUPERVISOR					
Title: F Date:			Approval Date: 111 1 7 1997					· · · ·			
• 1f this is a ch	ange of ope	rator fill in the	Phone: 91 91 91	<u>5 943-666</u> nber and name o	f the pre	vious opera	tor				
"If this is a change of operator fill in the OGRID number and name of the previous operator OGRID# 159770 Synergy Oil & Gas, Inc. Previous Operator Signature Printed Name Title											
Printed NameTitleDateCK.UEric R. PitcherPresident 8-27-97											

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## 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.

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.

12.

- 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) If for any other reason write that reason in this hor
- If for any other reason write that reason in this box.
- The API number of this well 4.
- 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
- The well number for this completion 9.
- 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.
- The bottom hole location of this completion 11.
  - Lease code from the following table: Federal State Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe S P Ň
    - 1
- 13. The producing method code from the following table: Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a gas transporter 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
- MO/DA/YR of the expiration of C-129 approval for this 17. 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.
- 21. Product code from the following table: Oil Gas ÖG
- 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.) 24.
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- 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
  - MO/DA/YR that gas was first produced into a pipeline 36.
  - 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.
  - 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
  - 43. Barrels of water produced during the test
  - MCF of gas produced during the test 44.
  - 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 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.