

District I
 PO Box 1980, Hobbs, 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 87505

State of New Mexico
 Energy, 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

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

| | | |
|---|---|------------------------|
| Operator name and Address SAGA PETROLEUM Limited Liability Co of Colorado 415 W. WALL, SUITE 835 MIDLAND, TX 79701 | | OGRID Number 148967 |
| API Number 30-025-00515 | Pool Name MALJAMAR GRAYBURG SAN ANDRES | Pool Code 43329 |
| Property Code 20306 | Property Name MALMAR UNIT | Well Number 214 |
| Reason for Filing Code CH, EFFECTIVE 1-1-97 | | |

II. Surface Location

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South Line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| N | 12 | 175 | 32E | | 660 | SOUTH | 1980 | WEST | LEA |

Bottom Hole Location

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| | | | | | | | | | |

| | | | | | |
|-----------------|---|---------------------|---------------------|----------------------|-----------------------|
| Lease Code S | Producing Method Code Shut-In-Inject | Gas Connection Date | C-129 Permit Number | C-129 Effective Date | C-129 Expiration Date |
|-----------------|---|---------------------|---------------------|----------------------|-----------------------|

III. Oil and Gas Transporters

| Transporter OGRID | Transporter Name and Address | POD | O/G | POD ULSTR Location and Description |
|-------------------|--|---------|-----|------------------------------------|
| 034019 | PHILLIPS 66 CO. P.O. BOX 5400 BARTLESVILLE, OK 74005 | 2064510 | 0 | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

IV. Produced Water

| | |
|---------------|------------------------------------|
| POD 264550 | POD ULSTR Location and Description |
|---------------|------------------------------------|

V. Well Completion Data

| Spud Date | Ready Date | TD | PBTD | Perforations | DHC, DC, MC |
|-----------|----------------------|-----------|--------------|--------------|-------------|
| Hole Size | Casing & Tubing Size | Depth Set | Sacks Cement | | |
| | | | | | |
| | | | | | |

VI. Well Test Data

| Date New Oil | Gas Delivery Date | Test Date | Test Length | Tbg. Pressure | Cog. Pressure |
|--------------|-------------------|-----------|-------------|---------------|---------------|
| Choke Size | Oil | Water | Gas | AOF | Test Method |
| | | | | | |

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: *J. Charles Farmer*
 Printed name: J. Charles Farmer
 Title: Manager
 Date: 2/14/97
 Phone: (915) 684-4293

OIL CONSERVATION DIVISION
 ORIGINAL SIGNED BY
 GARY WINK
 FIELD REP. II
 Approved by: _____
 Title: _____
 Approval Date: MAR 07 1997

If this is a change of operator fill in the OGRID number and name of the previous operator
 Signature: *M. Y. Merchant*
 Printed Name: M. Y. MERCHANT, PRESIDENT
 Title: _____
 Date: 2/17/97
 OGRID: 017213
 Company: PENROC OIL CORPORATION

OIL CONSERVATION DIVISION

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

**REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS**

I.

| | | |
|--|---|-------------------------------------|
| Operator <i>Penroc Oil Corporation</i> | | Well API No. |
| Address <i>P.O. Box 5970 Hobbs, NM 88241</i> | | |
| Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain) | | |
| 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"/> |
| If change of operator give name and address of previous operator <i>Southland Royalty Co. 21 Desto Dr. Midland, TX 79701</i> | | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|-----------------------|---|--|-----------------------------|
| Lease Name <i>Malmar Unit Tr. 2</i> | Well No. <i>14</i> | Pool Name, including Formation <i>Maljamar (G-SA)</i> | Kind of Lease <input checked="" type="checkbox"/> State <input type="checkbox"/> Federal or Fee | Lease No. <i>B. 2229</i> |
| Location | | | | |
| Unit Letter <i>N</i> | <i>1980</i> | Feet From The <i>West</i> Line and <i>660</i> Feet From The <i>South</i> Line | | |
| Section <i>12</i> | Township <i>17S</i> | Range <i>32E</i> , NMPM, | <i>Lea</i> | County |

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | |
|---|--|-------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/> | Address (Give address to which approved copy of this form is to be sent) | |
| <i>Injection well</i> | | |
| 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) | |
| If well produces oil or liquids, give location of tanks. | | |
| Unit | Sec. | Twp. |
| Rge. | Is gas actually connected? | When? |

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.

Mohammed Yamin Merchant
Signature
MOHAMMED YAMIN MERCHANT
Printed Name
Oct 16, 1990
Date
PRESIDENT
Title
(505) 397-3596
Telephone No.

OIL CONSERVATION DIVISION

Date Approved **OCT 17 1990**

By **ORIGINAL SIGNED BY JERRY SEXTON**
DISTRICT I SUPERVISOR

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.