

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

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 30-025-00535 | Pool Name MALJAMAR GRAYBURG SAN ANDRES | Reason for Filing Code CH, EFFECTIVE 1-1-97 |
| Property Code 20306 | Property Name MALMAR UNIT | Pool Code 43329 |
| | | Well Number 108 |

II. Surface Location

| | | | | | | | | | |
|--------------------|---------------|-----------------|--------------|---------|-----------------------|---------------------------|----------------------|------------------------|---------------|
| UL or lot no. H | Section 13 | Township 17S | Range 32E | Lot Idn | Feet from the 1980 | North/South Line NORTH | Feet from the 660 | East/West line EAST | County LEA |
|--------------------|---------------|-----------------|--------------|---------|-----------------------|---------------------------|----------------------|------------------------|---------------|

Bottom Hole Location

| | | | | | | | | | |
|---------------|---------------------------------|---------------------|---------------------|----------------------|-----------------------|------------------|---------------|----------------|--------|
| UL or lot no. | Section 13 | Township 17S | Range 32E | Lot Idn | Feet from the | North/South line | Feet from the | East/West line | County |
| Lse Code S | Producing Method Code Inject | Gas Connection Date | C-129 Permit Number | C-129 Effective Date | C-129 Expiration Date | | | | |

III. Oil and Gas Transporters

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

V. Produced Water

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

Well Completion Data

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

Well Test Data

| | | | | | |
|--------------|-------------------|-----------|-------------|---------------|---------------|
| Date New Oil | Gas Delivery Date | Test Date | Test Length | Tbg. Pressure | Csg. 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
Title: Manager
Date: 2/14/97
Phone: (915) 684-4293

OIL CONSERVATION DIVISION
Approved by: ORIGINAL SIGNED BY
Title: PRESIDENT
Approval Date: MAR 07 1997

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

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

OIL CONSERVATION DIVISION

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) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Effective <i>10.13.90</i> 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 Deata Dr. Midland, TX 79701</i> | |

II. DESCRIPTION OF WELL AND LEASE

| | | | | |
|---|----------------------|--|---|----------------------------|
| Lease Name <i>Natmar Unit Tr. 1</i> | Well No. <i>8</i> | Pool Name, Including Formation <i>Maljamar (G-SA)</i> | Kind of Lease <input checked="" type="radio"/> State, <input type="radio"/> Federal or Fee | Lease No. <i>B 2148</i> |
| Location Unit Letter <i>H1</i> : <i>1980</i> Feet From The <i>North</i> Line and <i>660</i> Feet From The <i>East</i> Line Section <i>13</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"/> <i>Water Injection well</i> | Address (Give address to which approved copy of this form is to be sent) | | | | | |
| 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.

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

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.

RECEIVED

OCT 17 1990

OCD
HOBBS OFFICE