District I PO Box 1980, Hobbs, NM 88241-1980 District II

State of New Mexico nergy, Minerals & Natural Resources Dep

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

District IV	tec, NM 8741	0	204 San	10 South P ta Fe, NM	acheco	Submit to Appropriate District Off 5 Cop					
2040 South Pacheco, San	ta Fe, NM 87	505							AME	NDED REPO	
<u>(</u>	REQUE	ST FOR	ALLOWA	ILE AND	AUTHOR	TASE	ION TO TE	RANSP	ORT		
		oberame t	ted Liabi	S				' OGRI	D Numbe	f	
415 W.	. WALL	, SUITE	835	illy co s	H-Colorat	70	148967				
lidlai	ND, TX	79701				7	CH, E	Reason fo FFECT	r Filing (LVE	Code 1-1-97	
'API Numbe				5 Pool	Name						
30-025-005	MALJAMAR GRAYBURG SAN AND					RES		* Pool Code 43329			
['] Property Co 20306		Property Name MALMAR UNIT									
I. 10 Surface	Locatio	<u> </u>							101		
Ul or lot no. Section	Township		Lot.Idn	Feet from the	North/So	nth I lea	Fort formal				
A 18	175			660	i	eth Line Feet from the		East/We		County	
11 Bottom	Hole Lo	ocation						EA	2 /	LEA	
UL or lot no. Section	Township	Range	Lot Idn	Feet from the	North/So	uth line	Feet from the	East/We	ut line	County	
12 Lse Code 13 Produc	cing Method (C-1-1-14-0								County	
SIT		Code "Gas	Connection Date	¹⁵ C-129 F	Permit Number	1	C-129 Effective D	ate	17 C-12	9 Expiration Date	
I. Oil and Gas	Transpo	rters									
Transporter OGRID		" Transporter	Name	2	POD	21 O/G					
		and Addre				0/0		POD ULS	OD ULSTR Location and Description		
	.0. B0:	S 66 CO	•	206	4510	0	18-17S-32	'c			
B/	ARPLEST		OK 7400	15			10 1/5-52	Ľ			
egine ar william general											
					ente la						
British or overlaps and p											
. Produced Wa	ater										
POD				™ POD	ULSTR Location						
2 6 4550						n and De	ecription				
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JI Hole Size		n C	elne & Tukin o						,	-re, be,me	
³¹ Hole Size		²² Cı	using & Tubing S	lize	n D	epth Set		<u>, , , , , , , , , , , , , , , , , , , </u>	Sacks C		
³¹ Hole Size		²² Cı	sting & Tubing S	iize	n De	epth Set		м			
³¹ Hole Size		²² Cs	sting & Tubing S	itre	n De	epth Set		, i			
		¹¹ Cr	nting & Tubing S	ine	13 De	epth Set					
Well Test Dat	a	¹¹ Cr	nting & Tubing S	itze	и De	epth Set		,			
		³³ Co	iting & Tubing S						Sacks C	etticat	
Well Test Dat	M Gas Del	ivery Date			n De		" Tbg. Press		Sacks C		
Well Test Dat		ivery Date		rate					Sacks C	ement og. Pressure	
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Well Test Dat Date New Oil Choke Size Thereby certify that the rule and that the information aviedge and belief. Manager 2/14/97 This is a change of operation.	s of the Oil Co	Phone: (91:	Test D Water Sion have been co the to the best of m Signature of the best of m Signature of the best of m Water Signature of the best of m Signature of the best of m	mplied Approv Title: Approv	** Test Length ** Gas OIL ved by: Ca	CONS MCV GI FIEL	ERVATION NO SERVICE SE	N DIV	Sacks C	eg. Pressure	

Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico
Energy, Minerals and Natural Resources Department

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

<u> </u>		יחו טו	4112C1		L AND NA	NI URAL G	IA2					
Operator D -	0. 1.		*		····			Well	API No.		· · · · · · · · · · · · · · · · · · ·	
Address O	-	ypor	<u>al</u>	س		···		l		·		
P.O. Box 59	70	4	000	Co. 7	m 8	8241						
Reason(s) for Filing (Check proper box) New Well		Channa is	- T	, 	Od	her (Please exp	lain)					
Recompletion	Oil	Change in	Dry Ga		9	fecti		ر	10.13	1,90		
Change in Operator	Casinghea	nd Gas	Conden	_	7	- Comment		,				
If change of operator give name and address of previous operator	uthla	ne.	Ros	pety	Co.	21 Dest	~ k)n.	mill	مر بالم	24 7970	
II. DESCRIPTION OF WELL	AND LE	ASE		<i>, ,</i>						·		
Lease Name Modmar Unit	Tr. 1	Well No.	Pool No	ame, Includ	ing Formation	G-5A)		Kind	of Lease Federal or Fe	2 B. 2	ease No.	
Location Unit Letter ——————————————————————————————————	. 66	6a		om The 💆	4.4	-	660	-1 -11		-13-2 	+	
Omt Detter			_ Feet Fr	_		ne and			et From The		Line	
Section / 3 Townsh	ip /	75	Range	3	2 E , N	IMPM,	Le	a	· · · · · · · · · · · · · · · · · · ·		County	
III. DESIGNATION OF TRAINAME of Authorized Transporter of Oil	_	R OF O	IL AN	D NATU			iec	ti-	w we	ll		
Texas New Mari	$\mathbf{x}^{\mathbf{x}}$	sel			P. o.		rnich a		copy of this i	form is to be se		
Name of Authorized Transporter of Casir		X	or Dry	Gas	Address (Gi					form is to be se		
If well produces oil or liquids.	Unit	Sec	Twp.	l Per	4001		w	D	Oder	2x	79762	
give location of tanks.		73	1775	Rge. 326	18 gas actual	iy connected?		When	NIA	•		
If this production is commingled with that	from any oth	er lease or	pool, giv	e comming				<u> </u>				
IV. COMPLETION DATA		Oil Well		as Well	New Well	Workover	D.	eepen	Ding Back	Same Res'v	Diff Res'v	
Designate Type of Completion		_i	i_	· -	<u> </u>			-opon		Same Res v		
Date Spudded	Date Comp	Date Compl. Ready to Prod.			Total Depth				P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	roducing Fo	ormation		Top Oil/Gas Pay				Tubing Depth			
Perforations								Depth Casing Shoe				
									.			
HOLE SIZE		TUBING, CASING AND										
HOLE SIZE	CASING & TUBING SIZE				DEPTH SET				SACKS CEMENT			
		· · · · · · · · · · · · · · · · · · ·							 			
						·				-		
V. TEST DATA AND REQUE	T FOR A	LLOW	ARIF									
				il and must	be equal to or	exceed top allo	owable	for this	depth or he t	for full 24 hour	·s)	
Date First New Oil Run To Tank	Date of Tes				st be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)							
Length of Test	Tubing Pressure				Casing Press.	ıre			Choke Size			
Actual Prod. During Test	Oil - Bbis.				Water - Bbis.				Gas- MCF			
GAS WELL	<u>l. </u>		·									
Actual Prod. Test - MCF/D	Length of T	est			Bbls. Conden	sate/MMCF			Gravity of C	ondensate	·	
ting Method (pitot, back pr.) Tubing Pressure (Shut-in)					Casing Pressure (Shut-in)				Oralia Sia			
esting intension (pain, back pr.)	Tubing Pressure (Shut-in)				Casing Press.	ire (Shuk-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	CE		N. 001			T.O			
I hereby certify that the rules and regularization have been complied with and	ations of the (Oil Conserv	vation			JIL CON	12F	HVA	ALION I	JIVIŞIÇ	N 1 7 1990	
is true and complete to the best of my i	cnowledge an	d belief.	SE ADOVE		D=4-	A	انہ			UUI	1 1 199	
06001	1		f	-	Date	Approve	a _					
Simulation	yere		_ /		By_		é soin	INAL	SIGNED B	Y JERRY SE	XTON	
MOHAMMED YAMIN MERCHANT						By ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR						
Printed Name	$\overline{\mathcal{P}}_{\sigma}$	esiDi	Title		Title.						e i governospie	
Date (575) 397-	359/2		phone No									

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.