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

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994 Instructions on back

District [[20 Drawer DD, Artesia, NP 88211-0719 District III

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

Submit to Appropriate District Office 5 Copies

1000 Rio Brams Rd., Aztec, NM 87410

Sistrict IV O Box 2008, Se	ana Fe. NM	87504-2088			-,						AME	NDED REPORT		
						ND AU	THOR	IZATI	ON TO TR	ANSF	ORT			
Operator name and Address MGM OIL & GAS COMPANY											OGRID Number			
P.O. BOX 891										A Proper for Filling Code				
											Reason for Filing Code October 1, 1999			
30 - 0 25-	Pi Number -01921		KEMNIT	'Pool Name KEMNITZ; Lower Wolfcamp						* Pool Code 35530				
	operty Code		¹ Property Name						* Well Number					
	*257		KEMNITZ WOLFCAMP UNIT					9						
I. 10 Surface Location														
Ul or lot me.	Section	Township	Range	Lot.Idn		om the	North/South Line		Feet from the	East/W		County		
M	20	16S	34E		•	660	South		660 West		t	Lea		
UL or lot no.	Section .	Hole Lo		7 - 4 7 4 -	1 5	Fost from the North/South line								
OL OF MA EG.	340130A	10wman	varige	Lot Ida Feet		rom the	m the North/South		Feet from the East/West i		est line	County		
12 Lee Code	13 Produci	ag Method (Code 14 Gas	Connection Dat	ie i	6 C-129 Perm	t Number	1 10	C-129 Effective	l Data	12 C 1	29 Expiration Date		
S		P		YES										
II. Oil a	nd Gas	Transpo	rters								····			
"Transpo			17 Transporter i and Addres			³⁸ POD ³¹ O/G			¹³ POD ULSTR Location and Description					
015694	Na	Navajo Refining Company				964910		0						
22222 6000000		Navajo Refining Company P.O. Box 159 Artesia, NM 88210				304310								
01766			Corporati us Bldg.	orporation R Bldg.			64930 G							
27 (A. 30 (. + 2 27) (. + 3 17) (. + 1 17)			_	lle. OK 74004										
OY0								× .						
	and Salestan					Mario Come po		**************************************						
Carl Following	www.to.ki				20	N/4 (V446) (1904)	one were side	రావం మున్నణ						
V Drod				······································	ž.									
V. Prodi	POD	iter		·		₩ POD III	STP Lass	tion and I	Description					
0964950						100 01	SIK LACE	COOR REG I	zecnpusa -					
	Comple	ion Dat	a					·	······································					
¹³ Spud Date			" Ready D	Ready Date			n TD		" PBTD		19 Perforations			
M Hole Size			31 Casing & Tubing Size			" Depth S			ıt.		³³ Sacks Cement			
							···	·						
														
				·····	١			 						
	Test D			· · · · · · · · · · · · · · · · · · ·										
Date !	New Oil	- Gas	Delivery Date	H Test Date		e "Test Les		mgth "Tbg. 1		ressure ³⁶ (³⁶ Cag. Pressure		
" Chol	a Siss	1	4 Oil						4 AOF					
Cau			01		W BLEP		G	•	- 40)F		" Test Method		
" I hereby cer	ufy that the r	uses of the O	il Conservation I	Division have be	ca compi	iea l								
	pe intounanc			nplete to the best					NSERVAT					
Signature:		Én	7			Approv	ed by:	Uhlully	A. SIGNED B DISTRICT I SI	ri Allibi	C War c	•		
Printed name:	Zan		ann			Title:		- i	DISTHICT I SI	HEIV	OUNT OUNT	IAMS		
Title:	Greg/l			Approv	 			c 000						
Date: 10-	20-99		Phone:	915-682-	7714									
		- Gill is		mber and nam						=====				
	111	71/						417	,	Par	·	10/20/99		
Z'e	Provides	Operator Si	maiure	, 1	<u>`</u>	Print	ed Name	1112	0 ± 7	1	ìtle	Date		
F	19m	OITA	wd Co	95 (00	noa	~!~	06	RIL	クサラ	768	3R			

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

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.
- Reason for filing code from the following table: 3.

RC CH CO CO AG CG

New Well
Recompletion
Change of Operator
Add oil/condensate transporter
Change oil/condensate transporter
Add gas transporter
Change gas transporter
Request for test allowable (Include volume requested) RT Request for test allowable (Include vorequested)
If for any other reason write that reason in this box.

- 4. The API number of this well
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- The property name (well name) for this completion 8.
- 9. The well number for this completion
- 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. 10.
- 11. The bottom hole location of this completion
- 12. Lease code from the following table:

State Fee Jicarilla PJKU

Navajo Ute Mountain Ute Other Indian Tribe

- The producing method code from the following table: F Flowing Pumping or other entificial lift 13.
- MO/DA/YR that this completion was first connected to a 14
- 15. The permit number from the District approved C-129 for this completion
- 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. 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.
- Product code from the following table:
 O Oil
 G Gas 21.

- 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
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and
- Number of sacks of cement used per casing string 33.

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.

- 34. MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well:

Flowing Pumping

Swabbi

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 wa signed, and the telephone number to call for question about this report 46.
- 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 longe operates this completion, and the date this report was signed by that person 47.