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

State of New Mexico
Energy, Minerais & Natural Resources Department

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

District II.

'O Drawer DD, Artesia, NM 88211-0719

PO Drawer DD, District III	, Arlesia, N	():* 88211-071 !	•	OIL CONSE	ERVA	TION I	DIVISI	ON	Subm	iit to App	горгіа	te District Office		
1000 Rio Brazos District IV	Rd., Azte	c, NM 87418		PO Box 2088 Santa Fe, NM 87504-2088					5 Copies					
PO Box 2008, S.				* * O337	,			·		Ш		NDED REPORT		
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MGM OIL & GAS COMPANY											OGRID Number			
P.O. BOX 891 MIDLAND, TEXAS 79702-0891							CH FRF				Filing (
API Number 30 - 0 25-01944 REMNITZ; Lower Wolfd							2					pol Code		
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12 Lee Code	<u> </u>		Code 14 Gas Connection Date		15 (C-129 Permi	it Number		C-129 Effective Date		" C-1	29 Expiration Date		
S P YES														
III. Oil at		Transpo	rters "Transporter	M		24 BO1		** 7:0						
OGRID			and Address			²⁴ POD		11 O/G		22 POD ULSTR Location and Description				
015694 Navajo R		vajo Re	efining Company 159			964910 0								
SAMO OLG			k 159 , NM 88210											
			Corporation			964930		G			·······			
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IV. Produ	iced W	ater			******	Contractor Contractor		71111		· · · · · · · · · · · · · · · · · · ·				
n 1	V. Produced Water POD ULSTR Location and Description													
0964950					<u></u>									
V. Well C	Comple	tion Date							и PBTD					
3 pu	id Date	¹⁴ Ready Date			" TD					39	Perforations			
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	Test D								<u>-</u>					
M Date New Oil		" Gas i	³⁶ Gas Delivery Date → T		st Date		77 Test Length		M Tog. Pressure		3	Cag. Pressure		
" Choke Size		4 Oil		4 W.	4 Water		" Gas		" AOF			* Test Method		
" I hereby certif with and that the knowledge and h	e informatio	uses of the Oil m given above	Conservation I	Division have been apiete to the best of	complied f my	,	OI	L CO	! NSERVATI	ON DI	VISI	ON		
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Printed same:	/		Title:			LI (AA)								
Title: President						Approval	Approval Date:							
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New Mexico Oil Conservation Divisio-C-104 Instructions

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 ba

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.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add ges transporter

CG Change gas transporter

RT Request for test allowable (Include volume requested)

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
- 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
- Lease code from the following table: 12.

Federal State Fee Jicarilla

LANT Navajo Ute Mountain Ute Other Indian Tribe

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
- 17. MO/DA/YR of the expiration of C-129 approval for this
- 18. The gas or oil transporter's OGRID number
- 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 Gae 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
- 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
- Depth of casing and tubing. If a casing liner show top and
- 33. Number of sacks of cement used per casing string

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.

- MO/DA/YR that new oil was first produced 34
- MO/DA/YR that gas was first produced into a pipeline 35.
- 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
- 43. MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- The method used to test the well:
 F Flowing
 P Pumping 45.

Swapbi

If other method please write it in.

- The signature, printed name, and title of the persor authorized to make this report, the date this report was signed, and the telephone number to call for questions 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.

