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2006 State Price NM 17985 Prisco Energy, L.L.C. 'Operator and add Addres 2431 E. 51st St., Suite 300 'OCEN medice 10 - 0 25 05390 Lovington AB0 'Property Rate Color 'Property Name 0.0 - 0 25 05390 Lovington AB0 'Property Rate Color 'OOR Name 0.1 0 Surface Location 'Property Name II or Surface Location 'State P II or Surface Location 'South Info 'Income for Color 'OOA II or Surface Location 'South Info 'Iso or so Socion Termalip 'Iso or so Socion T	District III 1000 Rio Brazos Rd., Aztec, NM 87410				2040 South Pacheco					5 Copie				
Frisco Energy, L. L. C. 'Operator same and Address' 167452 2431 E. 51st St., Suite 300 ''''''''''''''''''''''''''''''''''''					LLOWAB	LE AN	D AU	rhori	ZATI	ON TO TR			INDED REPOR	
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Charles E. Smith	(th				<u> </u>						
	(ager	Phone 1	2-742 520				ۇينى. 	6.9. 1399				
ate: 01/26/98 Phone 918-742-5200 If this is a change of operator fill in the OGRID number and name of the previous operator			stor fill in th				u operato)r						
Hawkins Oil & Gas, Inc. #010221		<u>0il &</u>	Gas, In	<u>c.</u> #01										
William L. Turner, III Land Manager 01/26	<u> </u>	Presious O				axico Oil (Turne	er, II.		Land Manag		le	Date 01/26/98	
C-104 Instructions				·· .	.	C-104	Instructio	ns	- ··· .	.**			•	

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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 ÷.

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All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, IV, and the operator certifications for •

	es of operator, property name, well number, t sporter, or such changes.
A sec	arate C-104 must be filed for each pool in a multiple etion.
Improg	perty filled out or incomplete forms may be returned to
1.	Operator's name and address
2.	Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
3.	Reason for filing code from the following table: NW New Well RC Recompletion CH Change of Operator (include the effective date.) AO Add ol/condensate transporter CO Change oil/condensate transporter AG Add gas transporter CG Change stransporter RT Request for test allowable (include volume
	requested) 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
8.	The property name (well name) for this completion
9 <i>.</i> 10.	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.
11.	The bottom hole location of this completion
12.	Lease code from the following table: F Federal S State P Fee J Jicarilla N Navejo U Ute Mountain Ute I Other Indian Tribe
13.	The producing method code from the following table: F Flowing P Pumping or other artificial lift
14.	MO/DA/YR that this completion was first connected to a gas transporter
15.	The permit number from the District approved C-129 for this completion
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 completion
18.	The gas or oil transporter's OGRID number
19.	Name and address of the transporter of the product
2 0.	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.
21.	Product code from the following table: O Oil G Gas
22.	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.)
23.	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.
24.	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.)
25.	MO/DA/YR drilling commenced
26.	MO/DA/YR this completion was ready to produce
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 epontoic
30.	Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore.
31.	Inside diameter of the well bore
32.	Outside diameter of the casing and tubing
33.	Depth of casing and tubing. If a casing liner show top and bottom.
34.	Number of sacks of cement used per casing string
If the condu	following test data is for an oil well it must be from a test cted only after the total volume of load oil is recovered.
35.	MO/DA/YR that new oil was first produced

- MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline 36.
- 37. MO/DA/YR that the following test was completed

Length in hours of the test
Flowing tubing pre a - oil wells Shut-in tubing pressure - gas wells
Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
Diameter of the choke used in the test
Barrels of oil produced during the test
Barrels of water produced during the test
MCF of gas produced during the test
Gas well calculated absolute open flow in MCF/D
The method used to test the well: F Flowing P Pumping S Swabbing 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 was signed, and the telephone number to call for questions about this report

38. 39.

40.

41. 42. 43. 44. 45. 46.

47.

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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 longer operates this completion, and the date this report was signed by that person 48.

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