District I

PO Box 1980, Hobbs, NM 88241-1980

District II

811 South First, Artesia, NM 88210

District III

State of New Mexico nergy, 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

1000 Rio Brazo District IV 2040 South Paci	heco, Santa l	Fe, NM 87505		Santa	Fe, N	M 87	505		011 MO MD			NDED REPORT	
I. Frisco	Energy	y, L.L.C	Operator nam	E AN	D AUTHORIZATION TO				TRANSPORT 1 OGRID Number 167452				
2431 E. 51st Street, Suite 300 Tulsa, OK 74105											Reason for Filing Code 5/01/98		
'API Number 30 - 0 25-21062 Lovington Paddock							Pool Name				* Pool Code 40660		
	operty Code 22572						operty Name				* Well Number 009		
		Location								T =	r		
Ul or lot no.	Section 32	Township 16S	Range Lot.1dn		Feet from the		North/South Line South		Feet from the	1 1 .		County Lea	
		Hole Loca	<u> </u>		1300		00001.		000				
UL or lot no.	Section	Township	Range Lot Idn		Feet from the		North/South line		Feet from the	East/West line		County	
11 Lae Code S	¹³ Producis	ng Method Cod	e ^H Gas C	onnection Date	Date 15 C-129 P		mit Number		C-129 Effective	Date	" C-1	29 Expiration Date	
	nd Gas T	ransporte	rs		!			1		l-			
" Transpor OGRID		¹⁹ Transporte and Add				" POD		n O/G	²² POD ULSTR Location and Description				
022507			ling & T	ransp.,Inc 2		481910		0	Same				
		D. Box 60 dland, TX		0628									
	\$0.00 \$0.00						7. 						
								:					
		·					.:						
V. Produ	ced Wat	ter		· · · · · · · · · · · · · · · · · · ·		וו מספי	STR Location	on and D					
·	- OD					10000			real ipone				
V. Well Completion Data													
·			Ready Date "TI						** Perforations		» DHC, DC,MC		
31 Hole Size			²² Casing & Tubing Size			²⁵ Depth Se			t .		* Sacks	Cement	
						1							
/I. Well Test Data ** Date New Oil ** Gas I		A Sas Dell	rery Date	Date	* Test Length			2 The Po		1	* Cag. Pressure		
		92 Dt.							Tbg. Pressure		<u> </u>		
41 Choke Size					⁴ Water		4 Gas		4 AOF		4 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: **Thereby 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:						OIL CONSERVATION DIVISION Approved by: ORIGINAL SIGNED BY CHRIS WILLIAMS DISTRICT L SUPERVISOR							
Printed name Kathy B. McGuire							Title:						
Regulatory Supervisor							Approval Date: JUN 1 0 1008						
	2/98	EN 11 -	Phone: (91		للسيست								
— II this is a ch	ange of oper	ator till in the (JGKID numb	er and name of t	ne previo	us operate	or						
Previous Operator Signature							Printed Name				Title Date		

New Mexico Oil Conservation Division C-104 Instructions

E-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 barrel.

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— insporter, 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.

- Operator's name and address 1.
- 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:

 NW New Well

 RC Recompletion

 CH Change of Operator (Include the effective date.)

 AO Add oil/condensate transporter

 Change oil/condensate transporter 3.

AC Add oil/condensate transporter
CC Change oil/condensate transporter
AG Add gas transporter
CC Change gas transporter
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
- The pool code for this pool 6.
- The property code for this completion
- The property name (well name) for this completion 8.
- q 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

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.
- 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

- 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.
- MO/DA/YR drilling commenced 25.
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if eponhols 29.
- 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. 30.
- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- 34. Number of sacks of cement used per casing string

If 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.

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

- Length in hours of the test 38.
- 39. Flowing tubing pr. are - oil wells Shut-in tubing pressure - gas wells
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- 44. MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- 46. The method used to test the well:

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 47.
- 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.