PO Box 1980, Hobbs, NM 88241-1980

District II

\$11 South First, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico Racrgy, Minerals & Natural Resources De

Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

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District TV 2040 South Pacheco, Santa Fe, NM 87505											
I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT											
Frisco Energy, L.L.C.							1	3 OGRID Number 167452			
2431 E.	St., Su					\mathcal{F}	Reason for Filing Code CH Effective 12/01/97				
Tulsa,			1		ol Name	V	CII LITE	eccive 1	* Pool Code		
30-025 21062 Lovington Paddock									4	40660	
						operty Name				* Well Number 009	
II. 10 Surface Location											
Ul or lot no.						e North/Sc	erth Line	Feet from the	Feet from the East/West line Count		
I			37E	<u></u>		Sc	outh	660	660 East Lea		
11 Bottom Hole Loc											
UL or lot no.	UL or lot no. Section Townst		Range	Lot Idn	Feet from t	he North/S	outh line	Feet from the	East/West	line County	
12 Lae Code S	^D Produ	ucing Method	Code H Gas	Connection Date	n C-12	9 Permit Number	1	C-129 Effective	Date	¹⁷ C-129 Expiration Date	
III. Oil and Gas Transporters											
" Transporter OGRID			¹⁵ Transporter and Addres			" POD " O/G		22 POD ULSTR Location and Description			
		w Mexico Pipeline		24	2481910		Same				
022020		P.O. Box	: 2528 IM 88240					ĺ		·	
	Org. of	nobbs, iv	111 00240								
22 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N. 9. 12 (A)										
	منسانه						:				
ANN A SECON											
IV. Produced Water											
¹⁵ POD ULSTR Location and Description											
V. Well Completion Data											
²⁸ Spud Date			* Ready Date		" TD		* PBTD		ations	» DHC, DC,MC	
31 Hole Size				Casing & Tubing	Sino	<u> </u>	Depth Se	<u></u>		Sacks Cement	
note Size				Casing at 1 uping Size		Depail Si				Sacra Cement	
		 									
		·									
VI. Well Test Data											
³ Date N	³⁵ Date New Oil ³⁶ G		Delivery Date 77 Te		Date	Test L	ength	"Tbg. P	ressure	4 Cag. Pressure	
41 Choke Size			a Oil a		aler	44 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 gives above it true and complied to the best of my											
knowledge and	with and that the information given above is true and complete to the best of my knowledge and belief OIL CONSERVATION DIVISION ORIGINAL SACRED SA CHRIS WILLIAMS										
Signature: Charlie . That						Approved by: DISTRICT I SUPERVISOR					
Printed name:	es E. Sm	ıi th		Title:							
Title: Co- Manager						Approval Date: 18 8 0 1398					
Date: 01/2				8-742-520							
II	_			mber and name o	f the previou	s operator					
Hawk IIIS		& GasI • Opprator \$11	<u> </u>	10661		Printed Name			Title	Date	
	William L. Turner, III Land Manager 01/26/98										
New Mexico Oil Conservation Division 6-104 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.

A request for allowable for a newly drilled or deepened well must be

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

changes of operator, property name, well number, $\boldsymbol{\tau}$ sporter, 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:

NW New Well

RC Recompletion

CH Change of Operator (Include the effective date.)

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change gas transporter

RT Request for test allowable (Include volume requested) request for test allowable (include vol requested) If for any other reason write that reason in this box.

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

Federi 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
- MO/DA/YR of the C-129 approval for this completion 16.
- 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
- 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.
- 21. Product code from the following table:
 O Oil

Oil Gas

- The ULSTR location of this POD if it is different from the wall completion location and a short description of the PO 22. well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.)
- The POD number of the storage from which water is moved from this preperty. 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 (Exemple: "Battery A Water Tank", "Jones CPD Water 24. well comple (Example: " Tank",etc.)
- 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
- Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- 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

- 38. Length in hours of * test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- 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
- 45. Gas well calculated absolute open flow in MCF/D

MCF of gas produced during the test

- 46 The method used to test the well:
 - Flowing Pumping Swabbin

44.

- S Swapping
 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.