## District I

PO Box 1980, Hobbs, NM 88241-1980

District II

811 South First, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM \$7410

## State of New Mexico

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

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

	5 Copies

District IV 2040 South Pac	heco San	ta Fe. NM 875	D5			·					<u> </u>	AME	ENDED REPORT	
I.	neco, san	REQUE	T F	OR AI	LLOWAB	LE A	ND AU	THORI'	ZATI	ON TO TR	ANSP	ORT		
Frisco Energy, L.L.C.									1674!	<b>' OGRID Number</b> 167452				
2431 F 51st St., Suite 300										3	<sup>3</sup> Reason for Filing Code			
Tulsa, OK 74105  CH Effective 12/01/97  Prool Name														
1	1 <b>PI Numb</b> 21120		1,	vinati	on Paddoc	~ k	Pool Name	1			40	40660		
30 - 0 25 21429 Lovington Paddock  'Property Code Code Code Property Name										* Well Number				
-0145	20 2	25/1		.E. Sh	1pp						1 00	13		
	Surfac	ce Location		Range	Lot.Idn	Feet fr	om the	he North/South Lb		Feet from the	East/West line		County	
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UL or lot no.	Section			Range	Lot Idn	Feet fr	rom the	North/Sor	nth line	Feet from the	East/W	est line	County	
											<u> </u>			
12 Lee Code	<sup>13</sup> Prod	lucing Method	Code	H Gas	Connection Date	e 15	C-129 Perm	t Number	<u> </u>	4 C-129 Effective Date 17 C-129 Expiration Date			129 Expiration Date	
III. Oil and Gas Transporters														
" Transpor				ansporter l and Addres			* PO	D	л O/G	<sup>20</sup> POD ULSTR Location and Description				
022507					Transp.,	Inc	248181	0	0	Same				
\$		P.O. Box Midland,			1-0628									
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IV. Produ	iced V	Vater		········	<del> </del>	,								
n .	POD			-			<sup>≥</sup> POD UI	STR Locat	ion and I	Description				
V. Well (	Compl	letion Dat	<u> </u>								<del></del>		•	
r <del></del>				Ready Date		" TD	" TD		ПО	* Perform	tions	ons DHC, DC,MC		
	31 Hole S	Size.	_	<sup>23</sup> Casing & Tubing		e Size	<del>-    </del>	<sup>10</sup> Depth Se		<u></u>		<sup>34</sup> Sacks Cement		
	11016 3	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	士		and a rubil	s suc						Ducto October		
			$\dashv$		<del></del>									
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VI. Well	Test I	Data												
<sup>ы</sup> Date N	iew Oil	× Gas	Deliv	ery Date	" Te	st Date		* Test Ler	ngth	" Tbg. P	ressure		** Cag. Pressure	
<sup>41</sup> Choke Size		4 O	u o w		Vater	4 G		4 A		F ** Test Method		4 Test Method		
					ivision have bee		ed		T 00	NICETO V A C	י זביין	ימימט	YOM	
with and that the information given above is true and complete to the best of my knowledge and belief.									1					
Signature: Cheegle E. Smel							Approvi	Approved by: ORIGINAL SIGNED BY CHRIS WILLIAMS DISTRICT I SUPERVISOR						
Printed name: Charles E. Smith														
f								d Date:	70 f ( ) 4	£ 0 1398				
Date: 01/26/98 Phone 918-742-5200									- 1990					
4 If this is a change of operator fill in the OGRID number and name of the previous operator														
Hawkins		& Gas			10221			- d N			_	741-		
		Operator S	gratu <u>//</u> 1	ness .			L. Turn			Land Mana		Ttle	01/26/98	
New Mexico Oil Conservation Division C-104 Instructions														

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

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

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,  $\dot{\gamma}$   $\rightarrow$  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.

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

RC CH AO CO

AG CG RT

New Well
Recompletion
Change of Operator (Include the effective date.)
Add oil/condensate transporter
Change oil/condensate transporter
Add gas transporter
Change gas transporter
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.
- The name of the pool for this completion 5.
- 6. The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 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:
  F Federal
  S State
  P Fee
  J Jicarilla 12.

N

Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table:
F Flowing
P 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
- 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.
- 21. Product code from the following table:
  O Oil

- 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 (Exemple: "Battery A Water Tank", "Jones CPD Water Tank 24.
- MO/DA/YR drilling commenced 25.
- 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 eponhole
- 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
- 33. Depth of casing and tubing. If a casing liner show top and
- 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.

- 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 an

Flowing casing pressure - oil wells Shut-in casing pressure - gas wells 41.

Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells

Diameter of the choke used in the test

Length in hours of " \* test

38.

39.

40.

- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- The method used to test the well:

Pumping Swabbin

ਠ 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.