## District I

## State of New Mexico

Form C-104

| PO Box 1980, Hobbs, NM 88241-1980<br>District II   |                                     |  |   | energy, Minerals & Natural Resources Department |                           |                              |                   |                            | Revised February 10, 1994                           |                          |  |  |
|--|-------------------------------------|--|---|---|---------------------------|------------------------------|-------------------|----------------------------|---|--------------------------|--|--|
| 10 Drawer DD, Artesia, NM 88211-0719   |                                     |  | • 0   | II. CONS  | FRVAT                     | עום אסד                      | N DIVISION Submit |                            | Instructions on back to Appropriate District Office |                          |  |  |
| District III   |                                     |  |   |   | PO Box                    | 2088                         | 2088              |                            |   | 5 Copies                 |  |  |
| 1000 Rie Brazes Rd., Aztec, NM 87418<br>District IV  |                                     |  | Santa Fe, NM 8750                                 |   |                           |                              | 88                | ☐ AMENDED REPORT           |   |                          |  |  |
| PO Box 2008, Santa Fe, NM 87504-2008   |                                     |  |   |   |                           |                              |                   |                            |   |                          |  |  |
| I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator same and Address OGRID Number   |                                     |  |   |   |                           |                              |                   |                            |   |                          |  |  |
| Marke a  | nd Ca                               | rner Dro                               | Operator man<br>duction,                          |   |                           | <sup>3</sup> OGRID Number    |                   |                            |   | umber                    |  |  |
|  |                                     |  | s Servic  |   |                           |                              |                   |                            | 014070 add I/ID * Ressen for Filing Code            |                          |  |  |
| P. O. E  |                                     |  |   |   |                           |                              |                   |                            |   | ame. Requested Ogrid #   |  |  |
|  |                                     | exico 88                               | 241   |   |                           |                              |                   |                            |   | . 12/01/94               |  |  |
| * API Number<br>30 • 02524979  |                                     |  |   | <sup>4</sup> Pool Name                          |                           |                              |                   |                            |   | 1 Pool Code              |  |  |
| Property Code  |                                     |  | ·<br>   | Townsend Permo-Upper Penn  * Preperty Name      |                           |                              |                   |                            | 59847   |                          |  |  |
|  |                                     |  |   | • •   |                           |                              |                   |                            | ,, ,,   |                          |  |  |
|  | 6558<br>Surfac                      | e Location                             | 1   | Julia Culp                                      |                           |                              |                   |                            | 001   |                          |  |  |
| Ul or lot se. Section  |                                     | Township                               |   |   |                           | a the North/South Line       |                   | Feet from the              | East/West line County                               |                          |  |  |
| н 34   |                                     | 158                                    | 2517  | 35E   |                           | 0 1                          | ORTH              | 330                        | 123 CM  | EAST LEA                 |  |  |
|  |                                     | Hole Lo                                |   |   |                           |                              | ORIN              | 330                        | 330 EAST LEA  |                          |  |  |
|  | UL or lot so. Section Townshi       |  |   |   |                           | the Nor                      | th/South line     | Feet from the              | East/West I   | East/West line County    |  |  |
| Н  | 34                                  | 15S                                    | 35E   |   | 165                       | o no                         | ORTH              | 330                        | EAST  | LEA                      |  |  |
| 12 Lee Code  | <sup>13</sup> Prod                  | ucing Method (                         | Code 14 Gas                                       | Connection De                                   | te "C-                    | 129 Permit Nuo               | sber              | " C-129 Effective          | Date  | 17 C-129 Expiration Date |  |  |
| P  |                                     | P                                      | 1   | 2/11/75   |                           |                              |                   |                            |   |                          |  |  |
| III. Oil and Gas Transporters  |                                     |  |   |   |                           |                              |                   |                            |   |                          |  |  |
| "Transporter<br>OGRID  |                                     | 1º Transporter Name and Address        |   |   |                           | <sup>11</sup> POD            | POD " O/G         |                            | DOD ULSTR Location and Description                  |                          |  |  |
|  |                                     | Amoco PI                               |   |   |                           | 275010                       |                   | <u> </u>                   |   |                          |  |  |
| 2002 200 2 22 20 20 20 20 2  |                                     |  | N. W. Ave.  |   |                           | 1275010 0                    |                   | H-34-15S-35E               |   |                          |  |  |
| Levelland  |                                     |  | nd, Tx 79   | 1, Tx 79702                                     |                           |                              |                   |                            |   |                          |  |  |
| 1 024650 I   |                                     | et. Corp.                              |   |   | 1275030 G                 |                              | H-34-15S-35E      |                            |   |                          |  |  |
| CONTRACTOR AND ADDRESS OF THE PROPERTY OF THE  |                                     | P. O. Box 1589<br>Tulsa, OK 74102      |   |   |                           |                              |                   |                            |   |                          |  |  |
| EXXLUSE CONTRACTOR   | 2220000                             | zuzbu, c                               |   |   |                           |                              |                   |                            | <del></del>   |                          |  |  |
| port de la Contraction de la C | 2030.00                             |  | Alas Sa   |   |                           |                              |                   |                            |   |                          |  |  |
|  |                                     |  |   |   |                           |                              |                   |                            |   |                          |  |  |
|  |                                     |  |   |   |                           |                              |                   |                            |   |                          |  |  |
| 21.24 A.A.C.   | Sair inc                            |  |   |   | <b>3</b> 00000            |                              |                   |                            |   |                          |  |  |
|  | uced \                              | Vater                                  |   |   |                           |                              |                   | ·                          |   |                          |  |  |
| POD M POD ULSTR Location and Description   |                                     |  |   |   |                           |                              |                   |                            |   |                          |  |  |
|  |                                     |  | * <del>************************************</del> | · · · · · · · · · · · · · · · · · · ·           |                           |                              |                   |                            |   |                          |  |  |
| V. Well  |                                     | letion Dat                             |   |   |                           |                              |                   | и РВТО                     |   |                          |  |  |
| " Spud Date  |                                     |  | H Ready Date                                      |   | le "                      |                              | TD                |                            |   | 1º Perforations          |  |  |
| * Hole Size  |                                     |  |   |   |                           |                              |                   |                            |   |                          |  |  |
| 110% 2/26  |                                     |  | <u> </u>  | " Casing & Tubing Size                          |                           |                              | 11 Depth Se       |                            |   | Sacks Cement             |  |  |
|  |                                     |  |   |   |                           |                              | <u> </u>          |                            |   |                          |  |  |
|  |                                     |  |   |   |                           |                              |                   |                            |   |                          |  |  |
|  |                                     |  |   |   |                           |                              |                   |                            |   |                          |  |  |
|  |                                     |  |   |   |                           |                              |                   |                            |   |                          |  |  |
| VI. Well Test Data   |                                     |  |   |   |                           |                              |                   |                            |   |                          |  |  |
| M Date New Oil M G   |                                     | ™ Gas                                  | Delivery Date "Test Date                          |   |                           | 77 Test Length               |                   | M Tog. Pressure M Cag. Pre |   | " Cag. Pressure          |  |  |
|  |                                     |  |   |   |                           |                              |                   |                            |   |                          |  |  |
| 4 Choke Size   |                                     | 4 Oil                                  |   | 4 Water   |                           | 1                            | Gas               | 4 AOF                      |   | 4 Test Method            |  |  |
| #15  |                                     | 11.00                                  |   |   |                           |                              |                   |                            |   |                          |  |  |
| with and that t  | e ruies of the O<br>Hiorigiven abov | il Conservation I<br>e is true and con | uivision have be<br>aplete to the bei             | t of my   | OIL CONSERVATION DIVISION |                              |                   |                            |   |                          |  |  |
| knowledge and belief. Signature:   |                                     |  |   |   |                           |                              |                   |                            |   |                          |  |  |
| Signature: Aulu Helle  |                                     |  |   |   |                           | Approved by: ORIGINAL SICEVE |                   |                            |   |                          |  |  |
| Laren Holler   |                                     |  |   |   |                           | Tide: Francisco Company      |                   |                            |   |                          |  |  |
| Title: Agent   |                                     |  |   |   |                           | Approval Date:               |                   |                            |   |                          |  |  |
| Date: 12/14/94 Phone: (505) 393-2727   |                                     |  |   |   |                           |                              |                   |                            |   |                          |  |  |

If this is a change of operator ful in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Date

## 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.

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.
- Reason for filing code from the following table:

  NW New Wall

  RC Recompletion

  CH Change of Operator

  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) 3.

request for test allowable (include vorted)

If for any other reason write that reason in this box.

- 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
- 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
- 12. Lease code from the following table:

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

- 14. MO/DA/YR that this completion was first connected to a
- gas transporter
- 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.
- 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
  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.
- 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 29.
- 30. Inside diameter of the well bore
- Outside diameter of the casing and tubing 31
- Depth of casing and tubing. If a casing liner show top and bottom, 32.
- 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.

- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- 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
- 45. 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 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 longer operates this completion, and the date this report was signed by that person 47.