District I

1625 N. French Dr., Hobbs, NM 88240

District II

811 South First, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico Energy, Minerals & Natural Resources

Form C-104 Revised March 25, 1999

OIL CONSERVATION DIVISION 2040 South Pacheco

Submit to Appropriate District Office 5 Copies

| District IV | | | | San | ita Fe, I | NM 87 | 505 | | | |] _{AMI} | ENDED REPOR | |
|---------------------------------------------------------------|----------------------|-----------------------------------------------|--------------------------------------|-------------------|--------------------------|-----------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|-----------------------------------------------------|-----------------------------------------------------|----------------------------|---------------------------------------|--|
| 2040 South Paci L | | · | OR AL | LOWABI | LE AN | D AUT | HORIZ | CATIO | N TO TRA | NSPO | RT | | |
| ¹ Operator name and Address MAYNARD OH, COMPANY | | | | | | | | | | | ¹ OGRID Number | | |
| 8080 N CENTRAL EXPRESSWAY #660 DALLAS, TX 75206 | | | | | | | | | 1 112 | 33016 3 Reason for Filing Code CH EFFECTIVE 144/99 | | | |
| 1 A | PI Number | | DALLAS | , 1 X 75206 | | Pool Nam | e | | V/ CI | H EFFI | · | 11/1/99 Pool Code | |
| 30 - 025-01 | | | CORIIIN ABO | | | | | | 13150 | | | | |
| 25547 | operty Code 19615 | | * Property Name STATE 35 | | | | | | * Well Number 002 | | | | |
| | | Location | | | | | | | | | | | |
| UI or lot no. Section N 35 | | Township 17S | Range 33E | Lot.ldn | Feet from 330 | Feet from the 330 | | th Line | Feet from the 1650 | East/W | est fine | County LEA | |
| 11 T | Rottom I | Hole Locati | 011 | | L | • | 1 | | | <u> </u> | | | |
| UL or lot no. | Section | Township | Range | Lot Idn | Feet from | n the | North/South line | | Feet from the | East/W | ast/West line County | | |
| " Lse Code S | 13 Produc | ing Method Code | 14 Gas | Connection Date | 15 (| C-129 Peru | it Number | | 6 C-129 Effective I | ate | 17 C-1 | 29 Expiration Date | |
| | | ransporters | | | | | | - | | | | | |
| "Transporter OGRID | | ¹⁷ Transporter Name and Address | | | | | D | ¹⁴ O/G | ²² POD ULSTR Location and Description | | | | |
| 009171 | | GPM GAS CORPORATION, 4044 PENBROOK | | | | | 2544730 G | | | | | | |
| | | ODESSA, TX 79762 | | | | | indentification of the control of th | | | | | | |
| 21778 | (16354) | SUNOCO, INC., 1004 N BIG SPRING #575 | | | | | 10 | O | | | | | |
| | | MID | LAND, TX | 79701 | | | المنسوب المعلى | | | | · | · · · · · · · · · · · · · · · · · · · | |
| SELECTION IN THE | IE 123 | | | | | West life | | | | | | | |
| 《新教》 | 18 1871 | | | | | أسيوما كالأطاف وديانا | | والسراد الذات | | | | | |
| | | | | | | | | | | | | | |
| V. Produc | | er | | | | | | artis a Californi | | | | | |
| 254475() | POD | | | | | * POD UL | STR Locati | on and Do | escription | | | | |
| 7. Well C | ompleti | on Data | | | | | · | | | | | | |
| ²⁵ Spud Date 8/17/62 | | ²⁶ Ready Date 10/11/62 | | 27 TTD 88051 | | | 20 PBTD | | 19 Perforat | lons | s Jo DHC, MC | | |
| 31 Hole Size | | | 22 Casing & Tub | | g Size | | ¹³ Depth Set | | | | ¹⁴ Sacks Cement | | |
| | | | | | | | | | | | | | |
| | | | | | | | | | | | | | |
| /I. Well 1 | est Data | a | | | | 1 | | | | ···· | | | |
| 35 Date No | ew Oil | 34 Gas Delive | ery Date | y Date 31 Test | | | " Test Length | | 39 Tbg. Pressure | | T | 40 Csg. Pressure | |
| 41 Choke Size | | ⁴ Ol | 41 Oll 42 | | Vater | | 44 Gas | - | 45 AOF | | | 46 Test Method | |
| "I hereby certify with and that the knowledge and b | information | es of the Oil Conse given above is true | rvation Divise and complete of the A | sion have been co | omplied my | Approve | | L CO | NSERVATI | ON D | IVISI | ON | |
| Printed name: CASSONDRA FOSTER | | | | | | | Title: Segregate | | | | | | |
| litle: MANAGER LAND AND MARKETING | | | | | | | Approval Date: | | | | | | |
| Date: 11/13/99 Phone: 214-891-8461 | | | | | | | | | | | | | |
| " If this is a cha | nge of opera | tor fill in the OG | RID numbe | r and name of th | ie previous)N AND Pi | operator | ON COMP | INV | 023846 | | | | |
| | Previous () | perator Signaturo | | 377 | 09 | A Printe | d Name ORDLOH | | | Titl | | 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 despend 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.

, esparata C-104 must be filled 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.
- Renson for filing code from the following table: 3.

Recompletion RC

Recompletion
Change of Operator
Add oil/condensate transporter
Change oil/condensate transporter
Add gas transporter
Change gas transporter
Request for test allowable illudiude volume
requested)
Add transporter
Requested AO CO AG CG RT

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 ъ.
- The pool code for this pool 8.
- The property code for this completion 7.
- The property name (well name) for this completion R.
- The well number for this completion 9.
- 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.
- Lease code from the following table: 12.

Federal State

Fee

6 P

Jicarilla

Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table: 13.

Flowing Pumping or other artificial lift

- 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 16.
- 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
- The gas or oil transporter's OGRID number 10.
- Name and address of the transporter of the product 19.
- 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 have. 20.
- Product code from the following table:
 O Oli
 Q Gas 21.
- The ULSTR location of this POD II 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", at a 1 24. Tank", etc.)
- MO/DA/YR drilling commenced 26. acuse ready to produce

battom.

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.

- MO/DA/YR that new oll was first produced 34.
- MO/DA/YR that gas was liest produced into a pipeline 35.
- MO/DA/YR that the following test was completed 36.
- Length in hours of the test 37.
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing easing pressure oil wells Shut-in easing pressure gas wells 39.
- Diameter of the choke used in the test 40.
- Barrels of oil produced during the took 41.
- Barrels of water produced during the test 42.
- MCF of gas produced during the test 43.
- Gas well calculated absolute open flow in MCF/D 44.
- The method used to test the well: 45. Flowing Pumping Swabbing If other method please write it in.
- The algneture, printed name, and title of the person authorized to make this report, the date this report was algned, 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 data this report was signed by that person 47.