## District I PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico

Recrys, Minerals & Natural Resources Department

Form C-104 Revised October 18, 1994 Instructions on back

District II 811 South First, Artesia, NM 88210 District III 1000 Rio Branos Rd., Astec, NM 87410			OIL CONSERVATION 2040 South Fourth Fo				co	N	Submit to Appropriate District Office 5 Copies			
District IV		•		Dania						□ ^	MENDED REPORT	
2040 South Pack	beco, Santa I Ri	Fe, NM 87505 EOUEST	FOR A	LLOWABI	LE ANI	) AU	THORI:	ZAT	ION TO TR	ANSPO	RT	
<u>.</u>		2022		me and Address						OGRID Number		
BASIN AlliANCE, LLC										000415		
i	x 1378	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						Reason for Filing Code   Sale of 477 bbls skim oil				
Hobbs		8241						Month of July 2002				
	VPI Number		<sup>5</sup> Pool Name					* Pool Code				
30 - 025-28083			SWD; Devonian						96101			
<sup>7</sup> Property Code			<sup>6</sup> Property Name						* Well Number			
	46		State AJ						1			
II. 10 Surface Location									Feet from the   East/West line   County			
Ul or lot no.	Section	Township	Range	Lot.ldn	Feet from t	be	North/South Line					
G	33	185	36E	<u> </u>	2310		N		2310	E	025	
11 Bottom Hole Location								1 =				
UL or lot no.	Section	Township	Range	Lot Ida	Feet from	the	North/Sou	sth line	Feet from the	East/West 1	ine County	
		<u> </u>	<u></u>		1 1101		<u> </u>	1	<sup>M</sup> C-129 Effective	.  Data	C-129 Expiration Date	
11 Lae Code	Produci	ng Method Co	de Ges	Connection Date		zy rerm	it Number		C-129 Ellective		C-125 Expusion Dan	
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III. Oil and Gas Transporters  "Transporter "Transporter Name						** POD *** O/G			1	23 POD ULSTR Location		
Transporter OGRID			and Address			rob ord			and Desc			
01242				ortiely 2au	R.	2808	474	0				
	******	o Box		80			SAMONE.	( )				
137008 JENEX OPERATING CO 2808474 O												
03700	P.	O. Box	308	7 60	2000	280	8474	0				
		obbs , N		241								
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										O'L' 1		
mola monto inte	m/Anna is					or vyor	Number (1981)	e Georgia	19191 RE 2000 850 229			
									KL COM			
IV. Produced Water										<u>0 8)</u>		
1	POD				<b>×</b>	POD UI	LSTR Locati	ion and	Description 1	SUD	<i>]</i> /	
										(087824517)		
V. Well Completion Dat					<del></del>	* PBTD				M Director De Ma		
Spud Date		_	* Ready Date		10	- 1810		* Perfor	NIONE	<sup>26</sup> DHC, DC,MC		
11 Hole Size			<sup>12</sup> Casing & Tubing S		- Ci	ize <sup>33</sup> Depth 5		3-4		Sacks Cement		
<del></del>	100.000			Casel a rank par				Dopa da			Saces Cement	
			<del> </del>							<del></del>		
		<del> </del>					<u> </u>					
	<del></del>		ļ								<del> </del>	
			1						1			
VI. Well Test Data									····			
<sup>31</sup> Date New Oil		M Gas D	Delivery Date 37 Test Date			M Test Length		Tog. 1	Lemnic	** Cag. Pressure		
41.01		1	1 0 1				4.0					
" Choke Size		1	4 Oil Water		Valer	44 Ges			4 AOF		* Test Method	
Cno	ke Size	1				1			i .	i		
	··	ules of the Oil	Consequation	Division have been	n somelised	سلم			-4			
<sup>47</sup> I hereby cer with and that t	rtify that the r			Division have bee mplete to the best			OI	L C	ONSERVAT	ION DI	VISION	
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Printed Name

Previous Operator Signature

## 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

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

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.
- 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

  Add gas transporter

  CG Change gas transporter

  RT Request for test allowable (Include volume requested) 3.
  - 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
- 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
- 12. Lease code from the following table:
  - Federal State

  - NU
  - State Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table:
  F Flowing
  Pumping or other artificial lift 13.
- MO/DA/YR that this completion was first connected to a 14.
- 15. The permit number from the District approved C-129 for this completion
- 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.
- The gas or oil transporter's OGRID number 18
- Name and address of the transporter of the product 19. 20.
- 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
  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 the number the district office will assign a number and write it here. 23. 24.
- 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.) 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.
- 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.

- 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 bottom.
- Number of sacks of cament used per casing string 34.

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
- MO/DA/YR that the following test was completed 37.
- 38 Length in hours of the test
- Flowing tubing pressure 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 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 47. 48.
- 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