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

State of New Mexico Racrgy, Minerals & Natural Resources Dep

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

District II 811 South First, Artesia, NM 88210

Previous Operator Signature

811 South First, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410 District IV			OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505					ION	Submit to Appropriate District Office 5 Copies  AMENDED REPORT				
2040 South Pac	beco, Santa	Fe, NM 8750	s TEODA	TIOWARI	EANI	) A [ ]	TUOD	፣ፖልፕ	ION TO T	— ¤2			
<u> </u>		EQUES		me and Address	ID AUTHORIZATION TO TR					OGRID Number			
BASIN AlliANCE, LLC										000415			
PO Bo Hobbs	x 1378 NM 8	38241			A,			*Remon for Fling Code Sale of 753 bbls skim oil Month of April 2002					
1,	API Number			1					• Pool Code				
30 - 025-			SWD;					···	96101				
'Pı	roperty Cod 46	·		'Pro <sub>l</sub> te AJ	roperty Name 1				.	* Well Number			
II. 10 S		Location		ite Au	,					<u> </u>			
Ul or lot no.			Range	Feet from t	m the North/South Line			Feet from the	East/We	inst/West line County			
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		Hole Lo		<del></del>									
UL or lot no.	Section	Township	Range Lot Idn Feet from the		lbe	North/South line		Feet from the	East/We	et line	County		
12 Lee Code	13 Produc	ng Method C	ode "Gas	Connection Date	и C-12	ii C-129 Perm		<del></del> -	C-129 Effective	Date	<sup>17</sup> C-129 Expiration		
												•	
II. Oil a		Transpo	rters										
Transporter OGRID		" Transporter Name and Address				<sup>20</sup> POD <sup>21</sup>			<sup>22</sup> POD ULSTR Location and Description				
01242		elly Muclaskey Oilfield Sor.			•	2808474 0							
	SYEKE P.	O. Box		s d. 1		7.000	22/22/22	No.					
<i>0</i> 3700			JN 88: Perating				124	0		<del></del>			
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	POD	<del></del>	™ P	* POD ULSTR Location and Description				2					
V. Well Completion		<del>.,</del>							्राभ हार				
<sup>21</sup> Spud Date			Ready Date	"	" то			TD	* Perforations		<sup>20</sup> DHC, DC,MC		
Ji Hole Size		1	<sup>13</sup> Casing & Tubing Size			<sup>33</sup> Depth Set					M Sacks Cement		
										300.0	Cenedit		
								·	<del></del>				
							<del></del>			· · · · · ·			
		<del></del>					· <del></del>	<del></del>					
I. Well	Test Da	ta	<del> </del>			L	<del></del>		<u>L</u>				
B Date No	rw Oil	M Gas Delivery Date		<sup>27</sup> Test Date			2 Test Length		· * Tog. Pressure		<sup>40</sup> Cag. Pressure		
41 Chake Size		n Off		4 Water			<sup>44</sup> Gas		"AOF .		-	* Test Method	
I hereby certify	y that the rul	es of the Oil (	Conservation Di	vision have been co	mplied		<del></del> i	·			<u> </u>		
vith and that the nowledge and b		given above i	true and comp	ny	OIL CONSERVATION DIVISION								
ignanure: Angrael.							Approved by: INAL SIGNED BY						
Printed name: Hugo NAEGELE JR.							TIME: GARY W. OC FIELD REPRESENTATIVE II/STAFF MANAGER						
ide: Vice President							Approval Date: JUL 9 2002						
Date:			Phone: 51	189									
If this is a ch	ange of ope	rator (III in t	he OGRID mun	nber and name of	the previou	us opera	LOT						

Printed Name

Title

Date

## IF THIS IS AN AMENDED REPORT, C. K 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
- 2. Operator's DGRID number. If you do not have one it will be assigned and filled in by the District office.
- 3.

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) RC CH CO CG CG RT 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
- The property name (well name) for this completion 8.
- 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.
- 11. The bottom hole location of this completion
- Lease code from the following table:
  Frederal
  State
  Pree
  Juicarilla 12.

13.

- Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table:
  F Flowing
  Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14. gas transporter
- 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.
- 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.
- Product code from the following table:
  O Oil
  G Gas 21.
- 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 her the 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
- 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
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- 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 ---meter of the well bore
- 32. Outside diarneter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and bottom.
- 34. 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
- 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
- 39. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
- 40. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 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
- 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: 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 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.