District 1 PO Box 1980, Hobbs, NM 88241-1980 State of New Mexico

Form C-1 Revised October 18, 19

Date

District II

\$11 South First, Artesia, NM \$8210

OIL CONSERVATION DIVISION 2040 South Pacheco

Instructions on ba Submit to Appropriate District Off.

5 Cop

Previous Operator Signature

District III 1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV AMENDED REPOI 2040 South Pacheco, Santa Fe, NM \$7505 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator name and Address OGRID Number 000415 BASIN AlliANCE, LLC Resson for Filing Code PO Box 1378 Sale of 945 bbls skim oil Hobbs NM 88241 Month of DEC. 2001 API Number Pool Name Pool Code 30 - 025-28083 SWD; Devonian 96101 Property Code ⁴ Property Name Well Number 46 State AJ 1 10 Surface Location Ul or lot po. Range Lot Ide Feet from the North/South Line | Feet from the East/West line County 2310 N 2310 E 025 36E 11 Bottom Hole Location UL or lot no. Section Township Lot Ido Feet from the North/South line Feet from the East/West lies County 13 Producing Method Code ¹⁴ Gas Connection Date C-129 Permit Number 17 C-129 Expiration Date " C-129 Effective Date III. Oil and Gas Transporters Transporter OGRID Transporter Name » POD 31 O/G " POD ULSTR Location and Address and Description Kelly Maclaskey Oilfield Sor. P.O. Box 580 012426 2808474 0 Hobbs, NM 88241 JENEX OPERATING CO 037008 2808474 P.O. Box 308 Hobbs, NM 8824 Produced Water POD ** POD ULSTR Location and Description Well Completion Data Spud Date " Ready Date n TD » PRTD "Perforations " DHC, DC,MC 31 Hole Size 13 Casing & Tubing Size 11 Depth Set M Sacks Cement VI. Well Test Data Date New Oil " Test Date M Gas Delivery Date " Test Length " Thg. Pressure Cag. Pressure 41 Choke Size 4 Oil Water " Gas " AOF * Test Method 47 I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my OIL CONSERVATION DIVISION knowledge and belief ORIGINAL SIGNED BY Signature: Approved by: GARY W. WINK OC FIELD REPRESENTATIVE HYSTAFF MANY TE Printed name: Tule FEB 0 5 2994 Title Approval Date: FEB 0 5 2002 V_1 ce Date Phone: 505-397-5989 " If this is a change of operator fill in the OGRID number and name of the previous operator

Printed Name

New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK, HE 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
- 3. Reason for filing code from the following table:

NW RC CH AO CG CG RT

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)
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
- 12. Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicenilla

Navajo Ute Mountain Ute Other Indian Tribe

13.

- 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.
- 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.
- 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: 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.)
- 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 easign 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 24.
- 25. MO/DA/YR drilling commenced 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 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 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
- 36. MO/DA/YR that gas was first produced into a pipeline
- 37 MO/DA/YR that the following test was completed
- 38 Length in hours of the tes
- 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
- 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 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.