State of New Mexico Recrys, Minerals & Natural Resources Departm

Form C-1 Revised October 18, 19 Instructions on ba

Submit to Appropriate District Offi

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

District []

District III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

2040 South Pac	beco, Santi	Fc, NM 875	05] AME	ENDED REPOR	
I.				LLOWA	BLE A	VD AU	THOR	IZAT	ION TO T	RANSI	ORT	i.	
Operator name and Address											OGRID Number		
BASIN AlliANCE, LLC													
PO Bo Hobbs	882 4 1		Sale of 640				bon for Fling Code bbls skim oil						
	API Numbe		 			* Pool Nam			Month of	Augu	st 2	1001	
30 - 025-28083 SWD; Devonian							FOOI Name				Pool Code		
, P	roperty Co	de		* Property Name						90101			
46			State AJ					•			1		
	Surface	Location	n										
Ul or lot no.	l or lot no. Section Township		Range Lot.ldn F		Feet from	set from the North/South Line			Feet from the East		nst/West line County		
		185	36E			2310			2310	E	E 025		
11	Bottom	Hole Lo	cation				·				1	······································	
UL or lot no.	Section	Township	Range	Lot ldn	Feet from	m the	the North/South is		Feet from the	East/W	st line	County	
11 Lse Code	13 15 3	ing Method (3.4.1 # 6 .	<u></u>	1					<u> </u>			
Life Code	Fredu	ing Memod (Jode Gas	Connection D	Me O	:-129 Perm	it Number	1 '	C-129 Effective	Date	" C-1	129 Expiration Date	
III Oil a	nd Gas	Transno	rters	·									
III. Oil and Gas Transpo			" Transporter	²⁰ POD ³¹ O/G			12 POD ULSTR Location						
OGRID		and Address				3.0			and Description				
012426 P		5114 Maclaskey Oilfield Sore. 20. Box 580				2808474 0							
	200200		NN 88	241			44.05	* * *					
03700	8 3	ENEX O	PERATING	co		2808		0					
	20.750 SEA	O. Box		5.1.1									
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	uced W	ater				A STATE OF S	* - * * * * *		/6	65			
n	POD					POD UL	STR Locati	on and D	Percription	165			
					·····								
		tion Data											
B Spud Date		h Ready Date		n TD		* РВТО		D	* Perfora	tions	×	DHC, DC,MC	
31 Hole Size		_!	³³ Casing & T		uhing Size		²² Depth Set						
			 		~	Depth Set			* Sacku	Cement			
			 			_							
			-										
			-										
I. Well	Test D	nto.											
VI. Well Test Data ** Date New Oil							W Tout I should			. ** Thg. Pressure Csg. Pressure			
			,	Test Date		28 Test Length		7 Tbg. Pi	- MARKETTE	re Gg. Pressure			
41 Choke	Size	-	4 Oil 4 W			_	^{as} Gas		440	·F	 -	* Test Method	
									4 AOF			- 1 est Method	
" I hereby certif	y that the n	les of the Oil	Conservation Di	ivision have bee	n complied						<u> </u>		
with and that the knowledge and t	: information selief	given above	is true and comp	olete to the best	of my		OII	COI	NSERVATI	ON D	IVISI	ON	
Signature:	Ahra		0_			Approved	by: GAR	y W. V	VINK REPRESENTA	TIVE II/S	TAFF I	MANAGER	
Printed name:	Hugo	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	7-1-7	[0	· · · · · · · · · · · · · · · · · · ·	Title:	OC	FIELD !	REPRESENTA				
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Date:	Ce P	एक्ट्रा प्र	Phone:	NC 292	FEB 0 5 2002								
" If this is a c	hange of on	erator fill in	the OGRID nu	D5-397-		Viore access	lor						
					pre	ahar							
	Previous	Operator Sign	sture			Printe	d Name			The	<u> </u>	Date	

New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHEL 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 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. 3

- The API number of this well
- The name of the pool for this completion 5.
- The pool code for this pool 6.
- 7. The property code for this completion
- R 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 If the
- 11. The bottom hole location of this completion
- 12. Lease code from the following table:

 - ŇU

 - oe from the followi 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
- 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 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 (Exemple: "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.
- 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 24. Well comp... (Example: " Tank",etc.)
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- 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
- 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 end tubing
- 33. Depth of casing and tubing. If a casing liner show top and bottom.
- Number of sacks of cement 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.

- 35. MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline 36.
- 37. MO/DA/YR that the following test was completed
- 38. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- 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. Berrels of water produced during the test
- 44. MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- The method used to test the well:
 F Flowing
 P Pumping
 S Swabbing 46.

 - 5 Swabbing If other method please write it in.
- 47. The signature, printed name, and title of the person suthorized to make this report, the date this report was signed, and the telephone number to call for questions about this report
- 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.