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

State of New Mexico Energy, Minerals & Natural Resources Departs

Form C-1 Revised October 18, 19

Instructions on be Submit to Appropriate District Oft

811 South First, Artesia, NM 82210 OIL CONSERVATION DIVISION

1000 Rio Braza	os Rd., Aza	sc. NM 87410	2040 South Pacheco Santa Fe, NM 87505								5 Cop	
District IV				San	ia re,	NM 8/	505				MENDED REPO	
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BASIN Alliance, LLC										000415		
PO Box 1378											Reason for Filing Code	
Hobbs		88241							Sale of 3 Month of	19 bbls	skim oil	
1	API Numbe		Puol Name				monen of	July 20	* Pool Code			
30 - 025-28083			SWD; Devonian						96101			
' Property Code 46			Property Name						* Well Number		Well Number	
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											County	
12 Lac Code	13 Produc	ing Method C	ode " Gas	Connection Dat	Le II	C-129 Perm	it Number		C-129 Effective	Date 11	C-129 Expiration Dat	
	<u> </u>											
		Transpor										
Transporter OGRID			" Transporter Name and Address			* PO	** POD 31 O/G		12 POD ULSTR Location and Description			
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. Well (Comple	tion Data										
³¹ Spud Date			a Ready Date n TD			* PBTD		Perforations		™ DHC, DC.MC		
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4 Choke	Size	4	Oil	" w	4 Water		" Gas		4 AO	F	* Test Method	
11												
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	Previous (Operator Signa	iture			Printer	Name			TWI	Date	

New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHEC, , 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 New Well
 RC Recompletion

RC CH AO CO AG CG RT

Recompletion
Change of Operator (Include the effective date.)
Add oil/condensate transporter
Change oil/condensate transporter
Add gas transporter
Change gas transporter
Request for test allowable (Include volume ranuestari) 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: It United States government survey designates a Lot Nut for this location use that number in the 'UL or lot no.' Otherwise use the OCD unit letter. 10 If the
- The bottom hole location of this completion 11
- 12. Lease code from the following table:

Federal State Fee Jicarilla

Navajo Ute Mountain Ute Other Indian Tribe

- The producing method code from the following table:

 F Flowing
 P Pumping or other artificial lift 13.
- 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
- 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: Oil 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 her two 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.)
- 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
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 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
- Outside diameter of the casing and tubing 32.
- 33. Depth of casing and tubing. If a casing liner show top and
- 34 Number of sacks of cament 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
- 36. MO/DA/YR that gas was first produced into a pipeline
- **3**7. 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.
- 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
- Berrels of water produced during the test
- MCF of gas produced during the test 44.
- 45. Gas well calculated absolute open flow in MCF/D
- 46. The method used to test the well: **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.