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

## State of New Mexico Energy, Minerals & Natural Resources Dep

Form C-104 Revised October 18, 1994

District II

811 South First, Artesia, NM 88210

OIL CONSERVATION DIVISION

Instructions on back Submit to Appropriate District Office

District III	. Del Amer	NIM <b>274</b> 10		2040 Santa	2040 South Pacheco						5 Copies			
1000 Rio Brazos Rd., Aztec, NM 87410 Santa Fe, NM 87505 District IV											AMENDED REPORT			
2040 South Paci T	neco, Santa F	C, NM 87505	FOR AT	LOWABI	E ANI	O AU	THOR	[ZAT]	ON TO TR	ANSP	ORT			
l.	Operator name and Address								AUTHORIZATION TO TRANSPORT  OGRID Number					
BASIN AlliANCE, LLC							i				000415 /68776			
PO Box 1378.							f also				Resear for Fling Code 25 bbls skim oil			
Hobbs NM 88241							Month of				Ang. 2000			
'API Number ' P							Pool Name				* Pool Code			
30 - 025-28083			SWD; Devonian						96101					
Property Code			Property Name						,	* Well Number				
28825 🕶			State AJ						1					
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G 33 18S			36E	2310		N		2310 E			025			
		Hole Loca				the North/South line			Feet from the	set from the East/West line County				
UL or lot no.	Section	Township	Range	Lot les	rea mum	ше								
11 Lse Code	1) Producin	g Method Coo	ie HGas (	Connection Date	13 C-1	29 Perm	it Number		C-129 Effective	Date	" C-	129 Expiration Date		
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III. Oil and Gas Transporters														
			" Transporter Name				D	31 O/G	1					
OGRID	7	11 40	and Address		-					and D	escriptic	on		
01242	6 K6	o. Box.	SOU	Oilfield S	<i>₽</i> 1₹.	2808	474	0						
	3383636384		_	41				<b></b>						
037008 JENEX OPERATING CO 2808474 0														
P.O. Box 308														
H-PP2 'NW 88541														
22.00														
						-								
IV. Produced Water											-			
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V. Well	Complet	ion Data		-	<del></del>						··			
<sup>11</sup> Spud Date		<del></del>	h Ready Date		TD at a		» РВТО		30 Perforations			» DHC, DC.MC		
									1					
31 Hole Size			22 Casing & Tubing Size					Depth S	Set		™ Sac	cks Cement		
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		<del></del>												
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VI. Well	Test Da	ıta	•	· · · · · ·						····				
B Date 1	Date New Oil 34 Gas		Delivery Date no Test Date			<sup>26</sup> Test Length		> Tog. Pressure			** Cag. Pressure			
" Choke Size		4	4 Oil 40 7		Water		44 Gas		4 AOF			4 Test Method		
				<u> </u>										
,	iles of the Oil (		OIL CONSERVATION DIVISION											
with and that the information given above is true and complete to the best of my knowledge and belief.														
Signature: Ancicale In							Approved by: (a) DISTABLE LADVE SUBJECT VISUAL DISTABLE LADVE SUBJECT VISUAL DISTABLE DISTABL							
Printed name: Hugz NAEGELE JR.  Title: 11 Do						Tule:								
Tide: V. PRES.			J= 12 31 - 1			Approval Date:					(T = 4)			
Date:			Phone: 505-397-5989							( T )				
"If this is a change of operator fill in the OGRID number and name of the previous operator														
11	Previous	Operator Sign	ature			Prin	ted Name			7	l'itle	Date		

## New Mexico Oil Conservation Divisi 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 completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- 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.

- AO CO AG CG RT
- 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)

  If for any other reason write that reason in this box

If for any other reason write that reason in this box.

- 4 The API number of this well
- 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 If the
- 11 The bottom hole location of this completion
- 12. Lease code from the following table:
  F Federal
  S State
  P Fee
  J Jicarilla

  - N
  - Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: 13. Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 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
- 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 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 Tank", etc.) 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.

- Inside diameter of the well bore 31.
- 32 Outside diameter 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.

- MO/DA/YR that new oil was first produced 35
- 36. MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed
- 38. Length in hours of the test
- 39. 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:
- Flowing Pumping Swapbing
  - 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.