District I PO Box 1980, Hobbs, NM 88241-1980 District II			State of New Mexico Energy, Minerals & Natural Resources Department						Form C-104 Revised October 18, 1994 Instructions on back				
\$11 South First, District III 1000 Rio Brazos District IV			0)	ION DIVISION Pacheco M 87505			Submit to Appropriate District Office 5 Copies						
2040 South Pacheco, Santa Fe, NM 87505 I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT													
Operator name and Address											³ OGRID Number		
BASIN AlliANCE, LLC						• B				00415 /68776			
PO Box 1378 Hobbs NM 88241						Sale of Month of				45 bbls skim oil July 2000			
	PI Number	·	³ Pool Name						* Pool Code 96101				
30 - 025-2	8083 perty Code		SWD; Devonian 'Property Name							' Well Number			
28825			State AJ						1				
	urface I	Location Township	Range	the	be North/South Line Feet from the			East/West line County					
<u> </u>	33	18S Hole Loc	36E		2310		N		2310	E	E 025		
UL or lot no.	Section	Township	Range	Lot Idn	Feet from	the	North/Se	outh line	Feet from the	East/West line		County	
¹¹ Lse Code	Lse Code ¹⁾ Producing Method (ode ¹⁴ Gas Connection Dat		e ¹³ C-129 Perm		it Number ¹		* C-129 Effective I	Date	te "C-129 Expiration Date		
III. Oil ar	nd Gas 1	Fransport	 ters		.1			<u> </u>					
			"Transporter Name and Address			* PO	POD "O/G		²² POD ULSTR Location and Description				
DIZYZL Kelly MA			laskoy	2808474 0									
Hobbs, NN 88241											_		
037008 JENEY OPERATING Co. P.O. Box 308					2808474 0								
Hobbs, NM 88241													
								>					
IV. Produ	iter			POD UL	STR Loca	tion and	Description		-				
								. <u></u>	· ·				
V. Well Completion Data		a r TD			* PBTD			"Perfor	tions	B DHC, DC.MC			
Sput Date			,						3	_ ·•	-		
³¹ Hole Size			²² Casing & Tubing Size			¹³ Depth Se			et		^M Sac	ks Cement	
	-		+				<u> </u>			•			
		<u>e</u> ,	+							·			
										-			
VI. Well Test Data ¹⁸ Date New Oil ¹⁰ Gas D			Delivery Date 77 Test Date			A Trad I			" Thg. P				
						" Test Length		10g. Fi			* Cag. Pressure		
41 Choke Size			u Oil u		Water		" Ges		" AC). F		4 Test Method	
* 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 knowledge and belief. Signature:							OIL CONSERVATION DIVISION						
Signature: Huge NAEGEls JR. Tille U. DOWS													
							Approval Date:						
Date:		Phone: 5	989										
= If this is a c	mange of op	erstor fill in t	he OGRID nu	unber and name	of the pre-	vious ope	rator						
Previous Operator Signature Printed Name Thie											itic	Date	

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New Mexico Oil Conservation Division 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 bai

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

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- 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
 - - 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
- The property code for this completion 7.
- 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
- 11. The bottom hole location of this completion
 - Lease code from the following table: de from the followi Federal State Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe S P

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- 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 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 Gas
- The ULSTR location of this POD if it is different from the 22. 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 has no aumber 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" atc.) 24.
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- Total vertical depth of the well 27.
- Plugback vertical depth 28
- 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
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and
- 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
- 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 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. 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 Swabbin

 - If other method please write it in.

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- 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.