District I PO Box 1980, Hobbs, NM 88241-1980 District II			State of New Mexico Energy, Minerals & Notural Resources Department					Form C-104 Revised February 10, 1994 Instructions on back						
PO Drawer DD, Artesia, NM 88211-0715 District III			OLE CONSERVATION DIVISION						Instructions on back Submit to Appropriate District Office					
1000 Rio Brazos Rd., Aztec, NM 87410 District IV			PO Box 2088 Santa Fe, NM 87504-2088											
PO Box 2068, Si				FOR ALLOWABLE AND AUTHORIZATI										
1.	K	EQUES		LLUWAE		<u>D AU</u>	THOR	IZAT	ION TO TR					
				COMPANY				,	007147					
Post Offic Roswell, N			ce Box 310 New Mexi	\backslash			¹ Reason for Filing Code							
API Number				· .					<u> Л) СН</u>	CH Effective 04/01/96				
30 - 0 25-28749				strip Bone Spring				00960						
Property Code			' Property Name State HQ							' Well Number 7				
II. ¹⁰ Surface Location										/				
Ul er lot no.	Section	Township	Range	Lot.Idn	1	Feet from the		uth Line	Feet from the	East/West	line	County		
<u> </u>	26 Bottom	18S Hole Lo	34E		660	·	Sou	ith 660		west	West Lea			
UL or lot no.	Section	Township		Lot Idn	Feet from	the	North/South line		Feet from the	East/West	East/West line County			
M 12 Lae Code	<u>26</u>	185 ing Method (34E	1	660		South		660	West		Lea		
Life Code	··· Froduc		Jode "Gas U	Connection De	le "C-	129 Perm	lt Number	'	C-129 Effective I	Date	te "C-129 Expiration Date			
		Transpo						I		<u> </u>				
" Transpor OGRID	ter		" Transporter N and Address		" PO		" O/G	1	POD ULSIR Location and Description					
024650		Warren I	Corp.		13665		G							
	and the second	P.O. Box Tulsa, O		ege for factoria For Salar Galeria Galeria de Caracteria										
138648	8 4	Amoco I	Pipeline IT		1366510									
1.000 (1000) 1000 (1000)			th West An Id. Texas											
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								1						
in and the second s	i inanissi													
	uced W	ater												
	TOD				3	" POD UI	STR Loca	tion and i	Description					
V. Well		tion Dat	a											
¹³ Spud Date			²⁶ Ready Date		" 1U				²¹ FBTD		²⁹ Perforations			
	" Hole Size	<u>l</u>	ЯС	asing & Tubi	ne Size		¹¹ Depth Se				²³ Sacks Cement			
	·····							Depte of			" Sacks C	ement		
	· · · · · · · · · · · · · · · · · · ·			······								i		
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[
VI. Well			Delivery Date	Date * Test Date			Mar							
			Dealery Date	" lest Date		" Test Length		¹⁴ Tbg. Pressure		н (Cag. Pressure			
" Chok	e Slze		41 Oll	47	4 Water		49 Gas		" AOF		4 Test Method			
" I hereby certify that the rules of the Oil		Contervation Division Low Low 19			1									
with and that th knowledge and	n given above	e is true and comp	of my	OIL CONSERVATION DIVISION										
knowledge and belief. ELK OIL COMPANY Signature:							Annoved by							
Printed name: Joseph J. Kelly							DISTRICT I SUFERVISOR							
Tide: President							Approval Date:							
Date: 03/27/96 Phone: (505)623-3190														
" If this is a change of operator fill in the OGRID number and name of the previous operator OGRID # 144229 ARROW EXPLORATION COMPANY-1005 Congress, Suite 880 - Austin, Texas 78701														
	Previous Operator Signature Printed Name Title Date								Date					
L	(anu	strd	sel	Ja	mes H	. Edse	el 	P	residen	ıt	471/96		

	C-104	Instruction	on Division			
	THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED MENDED REPORT" AT THE TOP OF THIS DOCUMENT	22.				
F3 @ I	port all gas volumes at 15.025 PSIA at 60°. port all oil volumes to the nearest whole barrel.		T' e ULSTR location of this POD if it is diffi well completion location and a short descript (Exemple: "Battery A", "Jones CPD",etc.)			
A 10 800 800	aquest for allowable for a newly drilled or deepened well must be ompanied by a tabulation of the deviation tests conducted in ordance with Rule 111.	23.	The POD number of the storage from which w from this property. If this is a new well or rec this POD has no number the district office number and write it here.			
	sections of this form must be filled out for allowable requests on and recompleted wells.	24.	The ULSTR location of this POD if it is diffe			
Fill char othe	out only sections I, II, III, IV, and the operator certifications for nges of operator, property name, well number, transporter, or if such changes.		(Example: "Battery A Water Tank", "Jones Tank", etc.)			
		25.	MO/DA/YR drilling commenced			
com	eparate C-104 must be filed for each pool in a multiple	26.	MO/DA/YR this completion was ready to pro			
lmpr oper	operly filled out or incomplete forms may be returned to	27,	Total vertical depth of the well			
1.		28.	Plugback vertical depth			
2.	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	29.	Top and bottom perforation in this completion whose and TD if openhole			
3.		30.	Inside diameter of the well bore			
J.	Reason for filing code from the following table:	31.	Outside diameter of the casing and tubing			
	AC Recompletion CH Change of Operator AO Add oil/condensets trans	32.	Depth of casing and tubing. If a casing liner al bottom,			
	AG Add gas transporter	33.	Number of sacks of cement used per peaks			
	RT Request for test allowable (include values	The fo condu	ollowing test data is for an oil well it must be includ only after the total volume of load oil is reco			
4.	If for any other reason write that reason in this box.	34.	MO/DA/YR that new oil was first produced			
5.	The API number of this well	35.	MO/DA/YR that gas was first produced into a			
6.	The name of the pool for this completion	36.	MO/DA/YR that the following test was comple			
7.	The pool code for this pool	37.	Length in hours of the test			
8.	The property code for this completion The property name (well name is to be	38.	Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells			
9,	The property name (well name) for this completion The well number for this completion	39,	Flowing casing process			
10.	The surface location of this completion NOTE: If the	40.	Shut-in casing pressure - oil wells Diameter of the choke used in the test			
	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.	41.	Barrels of oil produced during the test			
11.	The bottom hole location of this completion	42.	Barrels of water produced to a			
12.	Lease code from the following table:	43.	Barrels of water produced during the test MCF of use produced to the			
	F Federal S State	44.	MCF of gas produced during the test			
	P Fee J Jicarilla	45.	Gas well calculated absolute open flow in MCF/			
	N Navajo U Ute Mountain III.		The method used to test the well: F Flowing P Pumping S Survive			
13.	Other Indian Tribe		S Swabbing If other method please write it in.			
	The producing method code from the following table: F Flowing P Pumping or other artificial lift	46.	The signature, printed name, and title of the			
14.	MO/DA/YR that this completion was first services		signed, and to make this report, the date this re about this report			

- 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 16.
- MO/DA/YR of the C-129 approval for this completion 17. MO/DA/YR of the expiration of C-129 approval for this
- 18 The gas or oil transporter's OGRID number
- 19, Name and address of the transporter of the product 20.

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.

- Product code from the following table: O Oil G Gas 21.

- ferent from the tion of the POD
- water is moved completion and will assign a
- lerent from the tion of the POD es CPD Water
- roduce
- tion or casing
- show top and
- string

from a test covered,

- a pipeline
- leted

- F/D

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Received HOUD

- authorized to make this report, the date this report was signed, and the telephone number to call for questions 47.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative suthorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person