<u>District 1</u> 1625 N. French Dr., Høbbs, NM 88240 District 11			State of New M Energy, Minerals & Na					irces	Form C-10- Revised March 25, 199			
<u>Printis II</u> 811 South First, Artesia, NM 88210 <u>District III</u> 1000 Rio Brazos Rd., Aztec, NM 87410			OIL CONSERVATION DIVIS 2040 South Pacheco Santa Fe, NM 87505					NC	5 Copie			
District IV 2040 South Pachece	o, Saota Fe	, NM 87505			,					الـــا	AMENDED REPOR	
<u> </u>	RI	EQUEST		FOR ALLOWABLE AND AUTHORIZATIO					N TO TRANSPORT			
			⁻¹ Operator nai MAYNARD O				² OGRID Number 33016					
		8080	N CENTRAL EXPRESSWAY #660					³ Reason for Filing Code CH EFFECTIVE 11/1/99				
* AP4	Number		DALLAS, TX 75206 ⁵ Pool Name						CII EFFECTIVE 17/199 * Poul Code			
30 - 025-3054			MALJAMAR GRAYBURG SAN ANDRES Property Name						43329 * Well Number			
25547 +	erty Code 9615		STATE 35						005			
11. ¹⁰ Surface Location Ut or lot no. Section Township Range Lot.Idn Feet from the North/South Line Feet from the East/West line												
К 35		Township 17S	Range 33E	1.01.101	2310	the North/South Line S			Feet from the 1980	East/West line County W LEA		
						Nella Nu di Marca di			L v c	eet from the East/West line County		
OL OF 101 00. 5	or lot no. Section Township		Range Lot Idn		Feet from the		North/South line		Feet from the	East/West I	ine County	
¹² Lse Code	¹⁾ Produch	ng Method C	ode 14 Gas (Connection Date	I I C	-129 Perm	it Number		¹⁶ C-129 Effective	Date	" C-129 Expiration Date	
III. Oil and	Gas Ti	ansport	ers		- 1			- I		<u>I</u>		
¹⁹ Transporter OGRID			" Transporter Name and Address			²⁰ POD ²¹ O/G		²² POD ULSTR Location and Description				
009171		GPM GA	S CORP., 4044	PENBROOK		25447	30	G			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
			ODESSA, TX 7	9762								
21778		SUNOCO,	INC., 1004 N BI	G SPRING #575		25447	10	0	<u> </u>			
		η	HDLAND, TX	79701				8 11 1 1 1 1 1 1 1 1 1 1				
	<u>8000</u>		<u></u>			Robart de la la carla.	itanen air air i	المنطقة والمسمونين		·		
	NA NA							47 7 2 74 - 477				
	III					ar 1 a Grand Inde						
IV. Produce		er							*			
"ro 2544750	Ð					²⁴ POD UL	STR Locati	on and D	Description			
<u>V. Well Co</u>	moleti	 m Data					7					
				Ready Date ¹⁷ TD			²⁴ PBTD		¹⁹ Perfora	tions	³⁰ DHC, MC	
³¹ Hole Size			³² Casing & Tubing Size			" Depth Se			<u> </u>		Sacks Cement	
									Sacks Cement			
		·····										
VI. Well Test Data ¹⁹ Date New Oil ³⁶ Gas I		Delivery Date	very Date ³⁷ Test Date		³⁴ Test Length		³⁹ Thg. Pi	ressure	⁴⁹ Csg. Pressure			
41 Choke Size		^a Oil ⁴³ Wa		ater	⁴⁴ Gas			45 A ()F	46 Test Method		
" I hereby certify it with and that the ir knowledge and bel Signature:	nformation ljef.	given above i	is true and compl D	ete to the best of	omplied my	Approve		IL CC	NSERVAT		ISION	
Signature: Cammader Forth							Approved by: Paul Kautz Title: Geologist					
Title: MANAGER LAND AND MARKETING							Approval Date:					
Date:11/13/99	.891-8461		MAR 3 0 2000									
" If this is a chan	ge of oper:	itor fill in the	e OGRID numb				I'ION COM	PANY	023846	<u> /</u>	ЦМЪ	
	Previous O	perator Sign	ature CS	YZ	4		ed Name ORDLOH		PI	Title RESIDENT AF	Date 11/12/99	

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 1.
- Operator's OGRID number. If you do not have one it will be assigned and illied in by the District office. 2.
- Reason for filing code from the following table: NW New Well IIC Recompletion З.

 - сīі
 - ÂÖ
 - CO AG

 - Hecompletion Change of Operator Add oli/oondensate transporter Change oli/condensate transporter Add gas transporter Change gas transporter Request for test allowable (include volume requested) o that reason write that second in the t If for any other reason write that reason in this box.
- The API number of this well 4.
- The name of the pool for this completion Б.
- The pool code for this pool 6.
- The property code for this completion 7.
- The property name (well name) for this completion Ø.
- The well number for this completion 9.
- 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.
- The bottom hole location of this completion 11.
 - Lease code from the following table:
 - Federal State 6 P

12.

13.

- Fee Jicarilla
- J N V
 - Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: E Elowing Flowing Pumping or other artificial lift p
- MO/DA/YR that this completion was first connected to a 14. 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. completion
- The gas or oil transporter's OGRID number 10.
- 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.
- Product code from the following table: O Oil G Gas 21.
- 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 no number the district office will assign a number and write it here. 23.
- The ULBTR 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.
- MO/DA/YR drilling commenced 26.
- or a we this completion was ready to produce

bottom.

Number of sacks of cement used per casing string 33.

- 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 oll was first produced 34.
- MO/DA/YR that gas was first produced into a pipeline 35.
- MO/DA/YR that the following test was completed 38.
- Length in hours of the test 37.
- Flowing tubing pressure oit wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- Diameter of the choke used in the test 40.
- Barrels of oil produced during the test 41.
- Barrels of water produced during the test 42.
- MCF of gas produced during the test 43.
- Gas well calculated absolute open flow in MCF/D 44.
- The method used to test the well: 45.
 - Flowing Pumping Bwabbing þ

Il other method please write it in.

- The eignature, printed name, and this 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 48.
- 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 47.