District I PO Box 1980, Hobbs, NM 88241-1986

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 Revised February 21, 1994 Instructions on back Office

District []

PO Drawer DD, Artesia, NM 88211-0719

Opies PORT

PO Drawer DD, Artes District III			OIL CONS	SERVAT	ION D	IVISIO	N	Submit to	J Approp	instructions or riate Distric	
1000 Rio Brazos Rd., . District IV	Astec, NM 87416	•	Santa	PO Box Fe, NM	2088 87504-2	2088			· -	5	
PO Box 2088, Santa Fe	. NM 87504-208	1							☐ AM	ENDED R	
I.	REQUE	Operator	ALLOWAE	BLE AN	D AUT	HORIZ	ATION TO				
Dallas Production, Inc.								¹ OGRID Number 005736			
4600 Greenville Avenue, Suite 200 Dallas, TX. 75206						$\sum_{i=1}^{n}$	CH ('Reason for Filing Code CH (Effective 11/01/94)			
API Num				, b	ool Name					Pool Code	
30 - 0 25-30675 ' Property Code		M.	ALJAMAR GR		URG SAN ANDRES			43329			
911489 15 941		State			Property Name			' Well Numbe			
II. 10 Surfac	ce Location	n .									
N Section	17S	Range 33E	Lot.lda	Feet from the 990	1	rth/South L South	ine Feet from to		/ West line est	Count Lea	
	n Hole Lo										
UL or lot so. Section	Township	Range	Lot Ida	Feet from I	se No	rth/South li	ne Feet from t	be East/	East/West line Coun		
12 Lee Code 12 Prod	lucing Method C	ode '' Ga	Connection Date	" C-12	9 Permit Nu	mber	" C-129 Effect	ive Date	" C-1	29 Expiration	
II. Oil and Ga	s Transpor	ters		<u> </u>	·					·	
Transporter OGRID		Transporter			* POD		G	2 POD ULSTR Location			
022628	Texas New	Mexico Pipeline Co.			2544710				Description)	
	PO Box 60 San Angel										
000171 F	Phillips Petroleum Co.					G					
4044 Penbrook Odessa, TX. 79762					544730						
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. Produced W	'ater	· · · · · · · · · · · · · · · · · · ·		ar damery	antika ain Mir	and house.					
* FOD 2544750				^M PO	D ULSTR L	ocation and	Description				
Well Comple	tion Date		· · · · · · · · · · · · · · · · · · ·	<u>-</u>							
Spud Date	uon Data	* Ready De	ıle	, T							
10/03/89				4850			* PBTD		2º Perforations		
³⁰ Hole Size		" С	ssing & Tubing Siz		N Depth Set		at T	¹⁸ Sacks C		cment	
											
											
Well Test Da	ata										
M Date New Oil		M Gas Delivery Date M		le	⁷ Tost Length Gas		a Thg. P		e Cag. Pressure		
" Choke Size	Al ou									Mg. Pressure	
	4 O	Water					* AC	" AOF		est Method	
hereby certify that the ru and that the information	les of the Oil Con given above is tr	servation Div	ision have been com	plied					<u> </u>		
viedge and belief. ature: Did D	اید	·	and the second of may				NSERVAT			7	
Alan Ashley					Approved by DRIC, MARIE CONTO BY JERRY SHAROM						
Regulatory Administrator					Approval Date:						
11-2-9	14	Phone: 214	-369-926	6		A() A .	1994	 .			
this is a change of oper	nator fill in the O	GRID oumb	er and name of the	previous op	rator						
023710 Union	Ull Comp	any of	California	a							
Previous O	perator Signatur	: /		ъ.	nted Name						

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 filled in by the District office. 2.
- 3.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gae transporter

CG Change gas transporter

RT Request for test allowable (Include or filing code from the following table:
New Well
Recompletion
Change of Operator
Add oil/condensate transporter
Change oil/condensate transporter
Add gas transporter
Change gas transporter
Request for test allowable (Include volume requested)
other reason write that reason in this box.

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 5.
- The pool code for this pool 6.
- The property code for this completion 7.
- The property name (well name) for this completion 8.
- 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.
- 11. The bottom hole location of this completion
- Lease code from the following table: F Federal S State 12.

- 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.
- 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 completion 17.
- The gas or oil transporter's OGRID number 18.
- 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.
- Product code from the following table:
 O Oil
 G Ges 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 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
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- Plugback vertical depth 28
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. Inside diameter of the well bore
- Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- Number of sacks of cement used per casing string

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 34
- 35. MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed 36
- Length in hours of the test 37
- Flowing tubing pressure oil 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.
- Sarrels of oil produced during the test 41.
- Barrels of water produced during the test 42.
- MCF of gee produced during the test
- Gas well calculated absolute open flow in MCF/D 44.
- The method used to test the well:
 F Flowing
 P Pumping
 S Swebbing 45

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 46.
- 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 47.

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