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

State of New Mexico nergy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994 Instructions on back

District II 20 Drawer DD, Artesia, NM 88211-0719

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District III 1900 Rio Brazo District IV	≈ Rd., Axtec.	, NM 87410	,		PO Bo	ox 2088 M 87504			Subr	nit to A	ppropria	ite District Offic 5 Copi
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	(ATV)							CH (eff				-97)
'API Number 30 - 0 25 31670						' Pool Name FFALO/Y		' Pool Code 08180				
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12 Lae Code								South line	Feet from the	East/W	Vest line	County
" Lac Code	" Froducu	ng Method Co		Connection Dat	.e 15	C-129 Permi	t Number	r 14	C-129 Effective	Date	" C-12	29 Expiration Date
III. Oil and Gas Transporters												
Transpor	rter		Transporter?	Name		" POI		T 11 0 (0)	· · · · · · · · · · · · · · · · · · ·			
OGRID			and Address			LO)	11 O/G	¹¹ POD ULSTR Location and Description			
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VI. Well		ta	·			l						
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									208.116341			Cag. Pressure
" Choke Size		4	"Oil 4 Water			43 Gas			" AOF		4	Test Method
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with min that the	miormation	given above is	true and comp	ivision have been plete to the best o	complied of my		OI	II CON	NSERVATI	OND	TUICIC)
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Title:	Title:											
MGN862 Approval Date: 132 2 3 1597												
Detc: 6 -	13-97	,	Phone 75	-340-03	.66							
" If this is a ch	ange of oper	ator fill in the	OGRID num	nber and name o	of the pre-	vious operato	r	I	Regulatory	- »££.	•	
		erator Signati		RID #0150		George Printed	Name	Len	Specia	Alist Tid		06-12-97 Date
Mitch	nell Ene	∍rgy Cor	poratio	on, P.O. 1	Box 4	000, Th	e Woo	odlands	s, Texas		7-4000	

New Mexico Oil Conservation Division C-104 Instructions

F 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 barral.

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
- 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 gas transporter

CG Change ges 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
- 5. 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: 10. 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.
- 11. The bottom hole location of this completion
- Lease code from the following table: 12.

Federal

S

Federal State 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. 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.
- 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.
- 21 Product code from the following table:
 O 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 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 24. well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)
- 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
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and
- 33. 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.

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

Flowing Pumping Swabbing

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.

