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

Vice President

Previous Operator Signature

Phone: 915 6853116

" If this is a change of operator fill in the OGRID number and name of the previous operator

11-25-2998

Date:

State of New Mexico

Form C-104

District II		Energy, Minerals & Natural Resources Department						Form C- Revised October 18, 1					
811 South First, Arta District III	⇔ia, NM 88210		OIL CONSERVATION DIVISION						Instructions on t Submit to Appropriate District Of				
1000 Rio Brazos Rd.	Aziec, NM 8741	0	204	10 South ta Fe, N	Pache	eco	0.,	54	omit to	Appropi	nate District (5 C		
District IV 2040 South Pacheco,	Santa Fe, NM 87	505	Juni	m 10, 14	141 07	303					IENDED REP		
I.	REQUE	ST FOR	ALLOWAE	BLE AN	D AII	THORI	17 A T	ION TO 1	רי אי אי	(020	LENDED KEP		
EnerQues	st Resourc	Operator	name and Address	s		111010	LAI	TON TO					
EnerQuest Resources, LLC P. O. Box 11150									OGRID Number				
Midland,	TX 79702							' Reason for Filing Code					
								NW /			P 0001		
⁴ API NU 30 - 0 25 345		l E lla	hh - (C 0	¹ Po	ool Name			<u> </u>			Pool Code		
Property Code		E. Hobbs (San Andres)							:	32300	1 our Code		
23707		'Property Name Laney "A"								· , ,	Vell Number		
II. 10 Surf	ace Locatio								'	1			
Ul or lot no. Section	on Township	Range	Lot.Idn	Feet from the	h - T				·				
J 30			To-			CEO			East	East/West line County			
11 Bottom Hole Lo				1650		south		1650	ea	ast	Lea		
UL or lot no. Section Tow			Lot Idn	Feet from the		North/South line		·			<u> </u>		
	,			The Hold (North/Sou	th line	Feet from the	East/	West line	County		
11 Lse Code 13 Pr	oducing Method	Code 14 Ga	s Connection Date	15 C-12	29 Permit	Number		C 120 per					
	<u> </u>	11-	-06-98					C-129 Effective	t Date	" C-	129 Expiration D		
II. Oil and G				·			1	·····					
"Transporter OGRID	Shell	"Transporter and Addr			* POD	- 1	" O/G		n bob i	III CTD 1			
020667			ipeline Co. LLC					D POD ULSTR Location and Description					
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	Hobbs, N												
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	4044 Pent Odessa, 1		,			A CONTRACTOR	G						
		7. 12702											
77.00				i no dita	Telepholography 201								
Million Constant Cons				,									
7 6 105					100		*****						
7. Produced	Water												
POD				¹⁴ PC	OD ULST	R Location	D						
<u> 282238</u>		Operat.	ing Hobbs	East sy	stem	connec	tion	@ Lanev	11Д11 -	nattor	\/		
. Well Comp	Totton Data										y 		
10-13-98	1	Ready Date	1	' TD	7	* PBTD		³ Perfora	tions		DVG DO		
31 Hole S	11-0		4623		4	618'	İ	4568-461	0		DHC, DC,MC		
12¼"		1	Casing & Tubing S	ize		n Deb	oth Set			ы Sacks	Cement		
7 7/8"		8 5/8"			1828	}'			930				
5½"		5 1/2"		46231				485					
- 2		2 7/8"			4598 '			40					
. Well Test I	\									·			
Date New Oil													
1-08-98	11-08-9	ivery Date	8 11–17–98		* Test Length		" Tbg. Pressure		# C= D				
" Choke Size		Oil Oil			24	4 hrs		NA		1	*Csg. Pressure 23 psig		
117		Water		r	4 Gas			4 AOF			"Test Method		
hereby certify that the and that the informati	rules of the O'L G	Inservation Di-	101		32			NA		P	• cor wichlod		
h and that the information wledge and belief.	on given above is	true and comp	cte to the best of m	mplied ly	-	OII	103.70	UDD					
namire:	1	OIL CONSERVATION DIVISION											
nied name:	ed name:						Approved by: ORIGINAL SIGNED BY CHRIS WILLIAMS						
Christopher P. Renaud					Tide: DISTRICT I SUPERVISOR								

Approval Date:

Printed Name

DEC 0 3 1998

do

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 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.

- 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.
- 3. 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 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
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- The well number for this completion
- 10. 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.
- 11. The bottom hole location of this completion
- 12. Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla
 N Navajo
 U Ute Mountain Ute
 I Other Indian Tribe
- 13. The producing method code from the following table:
 F Flowing
 P Pumping or other artificial lift
- 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 completion
- 18. The gas or oil transporter's OGRID number
- 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.
- 21. Product code from the following table:

 O Oil
 G Gas
- 22. The ULSTR location of this POD if it is different to well completion location and a short description of (Example: "Battery A", "Jones CPD" etc.)
- 23. The POD number of the crorage from which water is nived 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.
- 24. 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.)
- 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
- 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' in this well bore.

- 31. Inside diameter of the well bore
- 32. Outside diameter of the cosing and tubing
- 33. Depth of casing and ruter . If a casing liner show top and bottom.
- 34. Number of sacks of detar is 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 $vo.\, x$ and of load oil is recovered.

- 35. MO/DA/YR that new of was first produced
- 36. MO/DA/YR that gas was sit produced into a pipeline
- 37. MO/DA/YR that the following test was completed
- 38. Length in hours of the le
- 39. Flowing tubing pressure ill wells Shut-in tubing pressure as wells
- 40. Flowing casing pressure swells Shut-in casing pressure as wells
- 41. Diameter of the choke is a in the test
- 42. Barrels of oir produced it ing the test
- 43. Barrels of water product. Juring the test
- 44. MCF of gas produced an lighthe test
- 45. Gas well calculated absolute open flow in MCF/D
- 46. The method used to test can well:

 F Flowing
 P Pumping
 S Swabbing
 If other method please w c∈ it in.
- 47. The signature, printed lame, and title of the person authorized to make this report, the date this report was signed, and the telephore number to call for questions about this report
- 48. The previous operator's make, 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