District I 1625 N. Frenc	h Dr., Hobl	os, NM 8824	40 E	State of New Mexico Energy, Minerals & Natural Resources					Form C-104 Revised March 25, 1999			
District II 811 South First, Artesia, NM 88210 OIL CONSERV   District III 2040 South						TION 1	DIVISION	Sub	Submit to Appropriate District Office 5 Copies			
2040 30						NM 87505				AMENDED REPORT		
2040 South Par I.				LLOWAB	LE ANI	) AUI	HORIZAT	ION TO TR				
			<sup>1</sup> Operator na	me and Address		<b></b>			<sup>2</sup> OGRID I			
EnerQuest Rēsources, LLC P. O. Box 11150								160620	<sup>3</sup> Reason for I	<sup>3</sup> Reason for Filing Code		
Midland, TX 79702								NW				
<b><sup>4</sup> API Number</b> <b>30 - 0</b> 25 34996			East Ho	bbs (San		Pool Name			<sup>•</sup> Pool Code 32300			
<sup>7</sup> Property Code 2 3 70 7			Laney "	'A''	' Pro	operty Nai	ne		' Well Number 3			
	Surface 1	Location					··· ···					
Ul or lot no.	Section	Township	Range	Lot.Idn			North/South Line	Feet from the	East/West li	ine County		
P 11 1	30	18S	39E		853		south	660	east	Lea		
UL or lot no.	Section	Hole Loc	Range	Lot Idn	Feet from t	he	North/South line	Feet from the	East/West II	ne County		
									Dast Treat	ine county		
" Lse Code P	<sup>13</sup> Producin P	ng Method Co		de <sup>14</sup> Gas Connection Date <sup>15</sup> 5-15-00			Number	<sup>16</sup> C-129 Effective	<sup>17</sup> C-129 Effective Date <sup>17</sup> C-129 Expiration Date			
II. Oil ar	nd Gas T	ransport			· · · · · · · · · · · · · · · · · · ·	·						
			<sup>19</sup> Transporter Name and Address			<sup>20</sup> POD <sup>21</sup> O/G		;	<sup>22</sup> POD ULSTR Location and Description			
020667 Shell Pi			peline			2822383 0						
	2.	L4 W C6	l, Hobbs	, NM 8824	41							
9171	1		Corporat	ion	28	322384	G G					
			Marland M 88240									
							-					
						н. Н						
V. Produ		er										
<b>۳۳</b> 282238			0			<sup>24</sup> POD ULSTR Location and Description ust System, UL J, 30-18-39						
V. Well C	-		Operati	ng, Hobbs	s, East	: Syst	em, UL J,	30-18-39				
<sup>25</sup> Spud 1			Ready Date		" TD		<sup>28</sup> PBTD	29 Perfora	tions	<sup>30</sup> DHC, MC		
		5-15-				4,612'		4576 - 4	4607			
<sup>31</sup> Hole Size			<sup>32</sup> Casing & Tubing Size			1.0	<sup>33</sup> Depth Se	et		Sacks Cement		
<u>12¼''</u> 7 7/8''			<u>85/8''</u> 5 <sup>歩</sup> ''			<u>10'</u> 23'		<u>845</u> 485				
5½ <sup>11</sup>		2 3/8"		1	4.2 '		NA					
VI. Well 7						_1						
<sup>38</sup> Date Nev 5-16-00			livery Date	<sup>37</sup> Test			Test Length	<sup>39</sup> Tbg. Pr	essure	<sup>40</sup> Csg. Pressure		
		<u>5-15-</u>			iter	<u>24 hrs</u> <b>4 Gas</b>		NA <sup>45</sup> AOF		23 psig "Test Method		
NA 22 98   'I hereby certify that the rules of the Oil Conservation Division have been complied					nplied	13 NA P   OIL CONSERVATION DIVISION						
with and that the i cnowledge and be Signature:	-	ven above is t	rue and complet	e to the best of my		nneoued h				an a		
rignature:						Approved by:						
Christopher P. Renaud							Approval Date:					
Vice President						лэрргочал Date:						
	- <u>30-00</u> age of operato	or fill in the O		685-3116 and name of the		erator						
<u>_</u> ,												
	Previous Op	erator Signat	ure			Printed	Name		Title	Date		

## New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "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.

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- Operator's OGRID number. If you do not have one, it will be assigned and filled in by the District office. 2.

  - 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 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.
- 9. The well number for this completion.
- 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 12.
  - S P

J N U

- 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 gas transporter. 14.
- The permit number from the District approved C-129 for this completion. 15.
- 16. MO/DA/YR of the C-129 approval for this completion.
- MO/DA/YR of the expiration of C-129 approval for this completion. 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. 20.
- 21. Product code from the following table: Oil Gas 0 G
- 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.
- 23. The POD number of the storage from which water is

moved from this property. If this is a new well or recompletion and this PCD has no number, the district office will assign a number and write it here.

- 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
- MO/DA/YR drilling commenced. 25.
- MO/DA/YR this completion was ready to produce. 26.
- Total vertical depth of the well. 27
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if  $\mbox{opechole.}$ 29.
- Write in 'DHC' if this completion is downhole commingled with another completion or 'MC' if there is more than one non-commingled completion in this well bore. Attach actual completed well bore diagram. 30.
- 31. Outside diameter of the casing and tubing.
- Depth of casing and tubin(). If a casing liner show top and bottom. 32
- 33. Number of sacks of cemera 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 c1 wells Shut-in tubing pressure g3s wells 38.
- Flowing casing pressure and wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test.
- 41 Barrels of oil produced during the test.
- 42. Barrels of water produced liuring the test.
- 43. 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:
	F Flowing P Pumping
	S 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.