State of New Mexico Energy, Minerals & Natural Resources De

Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

District II 811 South First, Artesia, NM 88210 District III

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

AMENDED REPORT

District IV	F	de Es Mils offi	€									NDED KEI OKI	
2040 South Pach I	ieco, San	nta Fe, NM 8750 REQUES	T FOR AI	LLOWAB	LE ANI	D AU	THORE	ZATI	ON TO TR	ANSP	ORT		
¹ Operator name and Address							1674				' OGRID Number		
Frisco Energy, L.L.C. 2431 E. 51st St., Suite 300 Tulsa, OK 74105							A 'Re				esson for Filing Code ctive 12/01/97		
	PI Numb				* P	ool Name	e				٠P	ool Code	
30 - 025 05410 Lovington Abo										40470			
¹ Property Code							*Well Number 003						
_014518		3573	<u> </u>	aylor				 -					
I. Surface I		e Location	Range	Lot.Idn	Feet from	n the North/		rth Line	Feet from the	East/West line		County	
	B 6		37E		330		North		2310	East		Lea	
B 6 17S 37E 330 North 2310 East													
UL or lot no. Section				Lot Idn	Feet from	the North		enth line	Feet from the	East/West line		County	
					<u> </u>								
" Lee Code	¹³ Proc	ducing Method (Code H Gas	Connection Dat	e u C-	129 Perm	alt Number		4 C-129 Effective I	Date	" C-1	29 Expiration Date	
III. Oil and Gas Transporters													
14 Transporter OGRID			Transporter Name and Address			* PO	OD ⁿ O/G		and Description				
Te		Texaco T	rading &	Transp.,	nsp.,Inc. 2463		.0 0		Same				
022507 P.		P.O. Box	60628	1 0620	1620				ĺ			,	
		Midland,			2/	163030	<u> </u>	G	Same			·	
		GPM Gas (24030		0	<u>u</u>	- Janie				
		Odessa,											
	A11.57												
	No.		<u></u>					:					
Cassesson Maria American and								;].				
								:					
V. Produ	iced \	Water											
13	POD				•	POD U	LSTR Local	tion and l	Description				
V. Well (Comp	letion Dat	a										
²⁵ Spud Date			* Ready Date		TTD		≖ PBT		* Perfor	ations		» DHC, DC,MC	
31 Hole Size		<u>_</u>		Casing & Tubb	sa Clas			Depth S		³⁴ Sacks Cement		cs Cement	
	" Hole :	Size	_	Casing or Tubb	ag Size	Depuis		<u> </u>			- Cement		
VI. Well	Test	Data	<u>t</u>			<u></u> L							
³ Date New Oil			Delivery Date	" Test Date		" Test Leng		ngth	" Tbg. F	ressure		4 Cag. Pressure	
⁴¹ Choke Size		4 Oil	Oli 6		Water		.	* ^	OF 4 Test Method				
		he rules of the O					\cap	חד. כי	ONSERVA	MUL	DIVIS	SION	
with and that the information given above is true and complete to the best of my knowledge and belief							Approved by: PRIGHTM LE GALLET BY CHAIS WILLIAMS						
Signature: Charles & Auls							UISTRICT I SUPERVISOR						
Printed name: Charles E. Smith							Title:						
Tule: Co- Manager							Approval Date: - CB & U 1998						
Date: 01/26/98 Phone 918-742-5200													
a If this is a change of operator fill in the OGRID number and name of the previous operator													
Hawkins Oil & Gas, Inc. #010221													
Printed Name Title Date William L. Turner, III Land Manager 01/26/98													
· Aller	7.1128	1	of with		Mexico Oil		vation Div					· · · · · · · · · · · · · · · · · · ·	

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, to sporter, or other such changes.

rate C-104 must be filed for each pool in a multiple A separate completion.

improperly filled out or incomplete forms may be returned to operators unapproved.

- 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 (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) request for test allowable (include vol requested) 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.
- 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
- 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
- 12. Lease code from the following table:

State

Jicarilla

Navajo Ute Mountain Ute Other Indian Tribe

13. The producing method code from the following table: Flowing
Pumping or other artificial lift

gas transporter

17.

27.

33.

- MO/DA/YR that this completion was first connected to a
- 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
- 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.
- Product code from the following table: 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
- 26. MO/DA/YR this completion was ready to produce
 - Total vertical depth of the well
- 28 Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if eponhols 29.
- 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' if there are more than three non-commingled completions in this well bore. 30.
- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
 - Depth of casing and tubing. If a casing liner show top and
- 34. Number of sacks of cement 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 volume of load oil is recovered.

- 35. MO/DA/YR that new oil was first produced
- 36. MO/DA/YR that gas was first produced into a pipeline
- 37. MO/DA/YR that the following test was completed

- 38. Length in hours of ' test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- 44. MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- 46. The method used to test the well:

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 47.
- 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 48.