District I

PO Box 1980, Hobbs, NM 88241-1980

District II

\$11 South First, Artesia, NM 88210

District III

1000 Rio Brazos Rd., Axtec, NM 87410

State of New Mexico Energy, Minerals & Natural Resources Department

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

AMENDED REPORT

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

District IV 2040 South Pacl	beco, Santa	Fe, NM 8750:	5									DED KEPOKI	
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Frisco Energy, L.L.C.								1674	OGRID Number				
2431 E. 51st St., Suite 300 Tulsa, OK 74105								,	Reason for Filing Code ective 12/01/97				
	PI Number				•	Pool Nan	De					ol Code	
30-025-05411 Lovington Grayburg Sa											40580 • Well Number		
'Pr 014518	573	C.S. C	' Pī	operty N	perty Name				004				
		Location		<u> </u>									
Ul or lot no.	Section	Township	Range	Lot.Idn	Feet from the		North/South Line		Feet from the	East/West			
G			37E		2179)	North		2173	East		Lea	
11 I	Bottom	Hole Lo	cation						<u>,</u>			<u></u>	
UL or lot no.	Section	Township	Range	Lot Idn	Feet from	n the	the North/South lin		Feet from the	East/West line		County	
12 Lee Code	U Produc	ing Metbod C	ode " Gas	Connection D	ate ^u C	-129 Peri	nit Number	1	M C-129 Effective	Date	" C-12	9 Expiration Date	
P	710000	mg memod C										<u> </u>	
Ⅲ. Oil ar	nd Gas '	Transpor	ters						·	·			
" Transporter OGRID		1	⁹ Transporter Name and Address				OD	n O/G	22 POD ULSTR Location and Description				
		xaco Tr			nsp.,Inc. 2463		10 0		Same				
P.(0. Box											
	448.6		TX 7971					-					
			orporati rook Ave		24630		0 G		Same				
			X 79762										
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	3000							•					
Enforcemb (No. 1, 100 No. 1) a 1	tarana a												
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V. Produ	iced Wa	ater							<u> </u>				
13 1	POD					* POD U	JLSTR Loca	tion and	Description				
V. Well (Complet	tion Data	1										
¹⁸ Spud Date			Ready Date	" TI)		TD	* Perfor	ations	34	DHC, DC,MC	
Nation Co.			я	²¹ Casing & Tubing Size				33 Depth Set		³⁴ Sacks Ce		Coment	
31 Hole Size			-	- Casing & Tubing Size				Depta 5	-		Saca	Cement	
VI. Well	Test Da	ata	_1		- ·								
35 Date New Oil		· · · · · · · · · · · · · · · · · · ·	³⁶ Gas Delivery Date		77 Test Date		* Test Length		" Tbg. Pressure		⁴⁰ Cag. Pressure		
41 Choke Size			a Oil	Off		Water		s	" AOF			" Test Method	
											<u> </u>		
with and that th	e informatio		Conservation I is true and con						ONSERVA?			ON	
knowledge and belief. Signature:							Approved by Program is not a program in CHR is MILLIAMS						
	VILO	sh (· NE	u_		Tide		ļ. J.	ng, nge <u>s</u> i	(,,our		· · · · · · · · · · · · · · · · · · ·	
Printed name:	<u>Charle</u>	s E. Sm	<u>ith</u>			 							
Co- Manager							Approval Date:						
Date 01/26/98 Phone 918-742-5200													
			the OGRID nur		ne of the prev	юш орег	rator						
Hawkins		Gas . I		10221		Dyl	nted Name			Titl		Date	
	[[[bt]	1 / 2	11105/1		lliam L	. Tur	ner, I		Land Mana		· -	01/26/98	
1/2	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\			New	Mexico Oil C-104	Conser	rvation Div	ision					

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

A request for allowable for a newly drilled or deepened well must be

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

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 \sim

changes of operator, property name, well number, $\mathfrak t=\mathfrak porter,$ 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
- 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) uested)

requested) if for any other reason write that reason in this box.

The API number of this well

5.

R.

14.

22.

- The name of the pool for this completion
- The pool code for this pool 6.
 - The property code for this completion
 - 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.
- The bottom hole location of this completion 11.
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla 12.

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
- 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
- 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:
 O Oil

- 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.)
- 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
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhals 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
- 33. 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
- MO/DA/YR that gas was first produced into a pipeline 36. 37. MO/DA/YR that the following tast us

- 38. Length in hours of t' 'est
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shurt-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- Barrels of oil produced during the test 42.
- 43. Barrels of water produced during the test
- MCF of gas produced during the test 45. Gas well calculated absolute open flow in MCF/D
- The method used to test the well: 46.

44.

- 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 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 4R.