

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brazos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

Form C-104

Revised February 10, 1994

Instructions on back

Submit to Appropriate District Office

5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

| | | |
|---|---------------------------------|---|
| Operator name and Address Subsurface Water Disposal, Ltd P.O. Box 1002 Hobbs, New Mexico 88241 | | OGRID Number 123503 |
| | | Reason for Filing Code TO REPORT MAY RUN OF 148 BBLS SKIM OIL |
| API Number 30 - 0 25-23708 | Pool Name SWD: Bone Spring | Pool Code 96095 |
| Property Code 15068 | Property Name Government 'E' | Well Number #1 |

II. Surface Location

| | | | | | | | | | |
|--------------------|---------------|-----------------|--------------|---------|----------------------|---------------------------|-----------------------|------------------------|---------------|
| UL or lot no. N | Section 25 | Township 19S | Range 34E | Lot Idn | Feet from the 610 | North/South Line South | Feet from the 1880 | East/West line West | County Lea |
|--------------------|---------------|-----------------|--------------|---------|----------------------|---------------------------|-----------------------|------------------------|---------------|

Bottom Hole Location

| | | | | | | | | | |
|--------------------|---------------|-----------------|--------------|---------|----------------------|---------------------------|-----------------------|------------------------|---------------|
| UL or lot no. N | Section 25 | Township 19S | Range 34E | Lot Idn | Feet from the 610 | North/South line South | Feet from the 1880 | East/West line West | County Lea |
|--------------------|---------------|-----------------|--------------|---------|----------------------|---------------------------|-----------------------|------------------------|---------------|

| | | | | | |
|---------------|-----------------------|---------------------|---------------------|----------------------|-----------------------|
| Lea Code F | Producing Method Code | Gas Connection Date | C-129 Permit Number | C-129 Effective Date | C-129 Expiration Date |
|---------------|-----------------------|---------------------|---------------------|----------------------|-----------------------|

III. Oil and Gas Transporters

| | | | | |
|-------------------|--|---------|-----|------------------------------------|
| Transporter OGRID | Transporter Name and Address | POD | O/G | POD ULSTR Location and Description |
| 37008 | JENEX OPERATING P.O. BOX 308 HOBBS, N.M. 88240 | 2813497 | O | N25-19-34 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

IV. Produced Water

| | |
|-----|------------------------------------|
| POD | POD ULSTR Location and Description |
|-----|------------------------------------|

V. Well Completion Data

| | | | | |
|-----------|----------------------|-----------|--------------|--------------|
| Spud Date | Ready Date | TD | PBTD | Perforations |
| Hole Size | Casing & Tubing Size | Depth Set | Sacks Cement | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

VI. Well Test Data

| | | | | | |
|--------------|-------------------|-----------|-------------|---------------|---------------|
| Date New Oil | Gas Delivery Date | Test Date | Test Length | Tbg. Pressure | Csg. Pressure |
| Choke Size | Oil | Water | Gas | AOF | Test Method |

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Lowell F. Deckert*

Printed name: Lowell Deckert

Title: Vice President

Date: 5-16-96 Phone: 505 397-5923

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title:
Approval Date: MAY 26 1996

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

| | | | |
|-----------------------------|--------------|-------|------|
| Previous Operator Signature | Printed Name | Title | Date |
|-----------------------------|--------------|-------|------|