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	OGRID Number
Five States Operating Company 4925 Greenville Avenue, Suite 1220 Dallas, Texas 75206	153281
	Reason for Filing Code: CH eff. 1/1/99

API Number	Pool Name	Pool Code
30 - 0 25-28605	Double A ABO, South	19050
Property Code	**Property Name**	**Well Number**
~~16355~~ 24642	State 30	1

II. Surface Location

UL or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West line	County
K	30	17S	36E		2310	South	2227	West	Lea

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
K	30	17S	36E		2310	South	2227	West	Lea

Lse Code	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date
S	P				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
007440	EOTT Eng. Oper. LP (Trks) P. O. Box 4666 Houston, TX 77210-4666	0769610	O	K 30 17S 36E
009171	GPM Gas Corp. 4001 Pembrook Odessa, TX 79762	0769630	G	K 30 17S 36E

IV. Produced Water

POD	POD ULSTR Location and Description
0769650	K 30 17S 36E

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: Arthur N. Budge, Sr.
Printed name: Arthur N. Budge, Sr.
Title: Operations Manager
Date: 1/29/99 Phone: 214-363-3008

OIL CONSERVATION DIVISION

Approved by:
Title:
Approval Date:

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
	Mark L. Shidler	President	1/27/99

014096 Mark L. Shidler, Inc.

IF THIS IS AN AMENDED ..EPORT, 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

2. 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
   - 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

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

14. 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

19. 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 from well completion location and a short description of the P (Example: "Battery A", "Jones CPD",etc.)

23. The POD number of the storage from which water is mo from this property. If this is a new well or recompletion this POD has no number the district office will assig number and write it here.

24. The ULSTR location of this POD if it is different from well completion location and a short description of the P (Example: "Battery A Water Tank", "Jones CPD W 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

29. Top and bottom perforation in this completion or cas shoe and TD if openhole

30. Inside diameter of the well bore

31. Outside diameter of the casing and tubing

32. Depth of casing and tubing. If a casing liner show top a bottom.

33. Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a t 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

38. Flowing tubing pressure - oil wells
    Shut-in tubing pressure - gas wells

39. Flowing casing pressure - oil wells
    Shut-in casing pressure - gas wells

40. Diameter of the choke used in the test

41. Barrels of oil produced during the test

42. Barrels of water produced during 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.

46. The signature, printed name, and title of the perso authorized to make this report, the date this report wa signed, and the telephone number to call for questior about this report

47. The previous operator's name, the signature, printed name and title of the previous operator's representativ authorized to verify that the previous operator no longe operates this completion, and the date this report wa signed by that person