District I PO Box 1960, Hobbs, NM 88241-1960					New Me	Form C-104 Revised February 10, 1994									
District II NO Drawer DD, Artenia, NM \$8211-071			1-0719	0	ATION	Instructions on back Submit to Appropriate District Office									
District III 1000 Rio Brazos Rd., Aztec, NM \$7410					Box 2088 NM 8750	5 Copies									
District IV PO Box 2088, S	anta Fe, I	NM 87504	-2065							AMENDED REPORT					
I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT															
Operator name and Address Smith & Marrs, Inc.												<sup>1</sup> OGRID Number			
P. O. Box 75 Kermit, Texas 79745									20989 * Reason for Filing Code						
Kermit	as / j	743								CH_Effective_12/1/94					
* API Number					* Pool Nan	LC			Ve_12/1/94 Pool Code						
30 - 025-29299 ' Property Code					Oueen 'Property N	50450 'Well Number									
016131															
II. <sup>10</sup> S		e Loca		Government "23"									2		
	Section	Town	•	Range	Lot.Idn	Feet	from the	North/S	with Line	Feet from the	East/W	est line	County		
<u>H</u>	23 Botton	n Hole	195 100	34E		19	980	NORT	Ч. 	660	EAST	C	LEA		
UL or lot ac.		· · · · · · · · · · · · · · · · · · ·	mhip	Range	Lot Ida	Feet	from the	North/S	outh line	Feet from the	East/W	est line	County		
Н	23		19 <u>5</u>	34E			980	NORT		660	EAST		LEA		
" Lee Code		ucing Met			Connection Da	ie	15 C-129 Peru	ut Number		" C-129 Effective	Date	" C-1	129 Expiration Date		
F III. Oil a		hut – s Tran			9/4/86										
Transpor		<u> </u>	_	Transporter !				D	21 O/G		" POD U	OD ULSTR Location			
018053		Pride	Pip	eline Co								and Description			
018055	i se a se	P. O.	Box	2436			0489410		0						
Contraction of the second second		GPM Ga		Texas 79		A			H-23-19S-34E			• • • • • • • • • • • • • • • • • • •			
009171		583 Fr	ank	Phillip		0489430 G									
		Bartle	svi	lle, OK	\$			H-23-19S-34E							
and the second second	a constraint				\$										
							a van en								
States ( and the second	an in the						Votienting and	there and a start and a start of the start o							
	n inn. Thai	Vetee													
	uced V	vater					" POD II	STRIM	tion and I	Description					
										vescription					
		letion I	Data		· · · · · · · · · · · · · · · · · · ·										
<sup>13</sup> Spud Date			<sup>24</sup> Ready D	" TD	" TD		" PBTD		<sup>19</sup> Perforations						
<sup>30</sup> Hole Size			<u></u>	э (			Depth Se	<u> </u>		<sup>10</sup> Seck	<sup>33</sup> Sacka Cement				
	<u></u>														
VI. Well			Gas D	elivery Date	× T.	st Date		" Test La					M		
								uf in	<sup>34</sup> Tog. Pressure			<sup>30</sup> Cag. Pressure			
" Choke Size			6:	' Oil		" Gas		4 AOF			" Test Method				
<sup>44</sup> I hereby certify that the rules of the Oil Conservation Division have been complied															
with and that the information gives above is true and complete to the best of my OIL CONSERVATION DIVISION															
Signature:															
Printed name: Laren Holler Title:										rig. Marrie by Paul Bring Goulogist					
Title:	t		·			Approv	Approval Date: (Section 2014)								
Date: 12/5/94 Phone: (505) 393-2727															
" If this is a c	hange of	operator f	نا أن أ		nber and name		previous oper	tor							
h	Previo	a Operato	r Sign	Alure			Jerry W.	Guy ed Name			Owne	er	12/5/94		
	ps.	la		Tina					450		т	itie	Date		
·····		7	<u>, /</u>	cours			Oar	i <u>d 12</u> 3	453						

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		Dil Conservation Division 04 Instructions				
	IS IS AN AMENDED REPORT, CHECK THE BOX LABLED NDED REPORT" AT THE TOP OF THIS DOCUMENT	22.	The ULSTR location of this i well completion location and (Example; "Battery A", "Jon			
Report	t all gas volumes at 15.025 PSIA at 60°. t all oil volumes to the nearest whole barrel.	23.	The POD number of the stora from this property. If this is a			
accom	sest for allowable for a newly drilled or deepened well must be spanied by a tabulation of the deviation tests conducted in sence with Rule 111.		this POD has no number th number and write it here.			
All sec new a	ctions of this form must be filled out for allowable requests on ind recompleted wells.	24.	The ULSTR location of this I well completion location and (Example: "Battery A Wate Tank", etc.)			
chang	t only sections I, II, III, IV, and the operator certifications for es of operator, property name, well number, transporter, or	25.	MO/DA/YR drilling commence			
	such changes.	26.	MO/DA/YR this completion v			
compl	parate C-104 must be filed for each pool in a multiple etion.	27.	Total vertical depth of the w			
	perly filled out or incomplete forms may be returned to	28.	Plugback vertical depth			
operation 1.	tors unapproved. Operator's name and address	29.	Top and bottom perforation shoe and TD if openhole			
2.	Operator's OGRID number. If you do not have one it will	30.	Inside diameter of the well b			
•	be assigned and filled in by the District office.	31.	Outside diameter of the casi			
3.	Reason for filing code from the following table: NW New Well RC Recompletion	32.	Depth of casing and tubing. bottom.			
	CH Change of Operator AO Add oil/condensate transporter	33.	Number of sacks of cement			
	CO Change oil/condensate transporter AG Add gas transporter CG Change gas transporter 27 Description description (Include university)	The following test data is for an c conducted only after the total volum				
	RT Request for test allowable (include volume requested)	34.	MO/DA/YR that new oil was			
	If for any other reason write that reason in this box.	35.	MO/DA/YR that gas was fin			
4. 5.	The API number of this well The name of the need for this completion	36.	MO/DA/YR that the following			
э. 6.	The name of the pool for this completion The need code for this pool	37.	Length in hours of the test			
в. 7.	The pool code for this pool The property code for this completion	38.	Flowing tubing pressure - o Shut-in tubing pressure - ga			
8.	The property name (well name) for this completion	39.	Flowing casing pressure - o			
9.	The well number for this completion	40	Shut-in casing pressure - ga			

- 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:
    - SP

12.

- J N U
- de from the followi Federal State Fee Jicarilla Navejo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: 13. Flowing Pumping or other artificial lift
- 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.
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this completion 17.
- The gas or oil transporter's OGRID number 18.
- Name and address of the transporter of the product 19.
- 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: O Oil G Gas 21.

- POD if it is different from the a short description of the POD nes CPD",etc.)
- age from which water is moved a new well or recompletion and the district office will assign a
- POD if it is different from the d a short description of the POD ler Tank", "Jones CPD Water
- iced
- was ready to produce
- well
- in in this completion or casing
- bore
- sing and tubing
- . If a casing liner show top and
- nt used per casing string

bil well it must be from a test we of load oil is recovered.

- as first produced
- irst produced into a pipeline
- ing test was completed
- oil wells as walls
- oil wells weils
- 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:
  - Flowing Pumping Swabbing

    - 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.



~ 1 0 **1994** 

HOBBS OFFICE