District [PO Box 1980, Hobbs, NM \$8241-1980

State of New Mexico
Energy, Minerais & Natural Resources Departm.

Form C-104 Revised February 10, 1994

District [[NO Drawer DD, Artenia, NM 88211-0719 District III

OIL CONSERVATION DIVISION

Instructions on back Submit to Appropriate District Office

1000 Rio Brazo:	Rd., Aztec	, NM 87410		Santa	Fe N	xx 2088 IM 8750	4 2000					5 C	Copie	
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Operator name and Address JKR Oil & Gas, Inc.											¹ OGRID Number			
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4950 North O'Connor B <u>l</u> vd. Suite 270									Remon for Filing Code					
Irv:	ing, Te	xas 750)62						13/5/	112	H			
• •	LPI Number					' Pool Nam	Pool Name				¹ Pool Code			
30 - 0 253			Knowles; Devonian, South							36480				
' Pr	roperty Code		Property Name							' Well Number				
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UL or lot no.	Section										<u> </u>			
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P	<u> </u>	P												
		Transpor												
Transporter OGRID			Transporter		²⁸ PO	D	" O/G	" POD ULSTR Location						
			and Addre						and Description					
21778 Sun		Sun Com	Company, Inc. O. Box 2039			21990	10	0	F 18-T17S-R39E					
			ox 2039 Oklahoma	7/102	8	111/11/2014		E SOLVENION	i					
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	IV. Produced Water													
- 1	POD					" POD UI	LSTR Local	tion and I	Description					
V. Well (Complet	ion Data	l											
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			+				Depth Se	1		33 Sacks	Cement			

VI. Well	Test Da		<u></u>											
M Date N			divery Date	# 7	Test Date				· · · · · · · · · · · · · · · · · · ·					
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" Chok	• Cias													
CEOE	E DATE]	" Oil	4	Water		43 Gas	,	" AC)F	1	" Test Method	1	
#4.		<u> </u>												
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Signature:						Approve	ed by:	ORIGI	INAL SIGNE) BY				
Printed name:							 .		BARY WINK					
David Brooks						Title:	Tide: FIELD RES			. 11				
I sue:	Land M	Manager	·			Approva	Approval Date:			M	MAR 1 4 1996			
Date: 2-12	-96		Phone: (214)717-	-9796					- 19	11 7 3			
" If this is a c	hange of ope	rator fill in t				CEYIOMS OPEN	tor.						_	
OGRID	Number	025815		0il & Gg										
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New Mexico Oil Conservation Division C-104 Instructions

F 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 bar

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.

- Operator's name and address 1.
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- Reason for filing code from the following table: NW New Well 3.

RC

New Well
Recompletion
Change of Operator
Add oil/condensate transporter
Change oil/condensate transporter
Add gas transporter

CH AO CO AG CG RT

Change gas transporter
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
- The name of the pool for this completion 5.
- 6. The pool code for this pool
- The property code for this completion 7.
- The property name (well name) for this completion 8.
- The well number for this completion 9.
- 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.
- ease code from the following table: 12.
 - Federa State

 - Jicarilla
 - Ň
 - Navajo 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 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.

4 1 3

- 22. ULSTR location of this POD if it is different from th 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.
- MO/DA/YR drilling commenced 25.
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30 Inside diameter of the well bore
- Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and
- Number of sacks of cement used per casing string

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.

- MO/DA/YR that new oil was first produced 34.
- 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
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 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
 - 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

