District I PO Box 1986, Hobbs, NM 88241-1986 District II

NO Drawer DD, Artesia, NM 88211-6719 District III

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

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

1000 Rio Brance Rd., Azioc, NM 87410 Santa Fe, NM 87504-2088															
District IV PO Box 2008, 8										X AMENDED REPORT					
I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT															
Operator name and Address DALEN Resources Oil & Gas Co.											¹ OGRID Number				
t				Suite 1000						01.6751 3 Reason for Filing Code					
Dallas, TX 75206											AG				
'API Number Woldcat "							Pool Name K - 10313 3 11/9				5 Pool Code				
30 - 0 25-			Qpa	the Midway Straw			Straum	9/0038							
⁷ Property Code			·	operty Name			Malin	4-	(<i>v</i>)	Vell Number					
15760			Shi						1						
II. 10	Surface	Location						l							
Ul or lot no.	1 1		Range	Range Lot.Ida 37E		Feet from the 1980		uth Line	Feet from the	East/V	Vest line	County			
LL		17S			198	30.	nor	th	1908	eas	st 	Lea			
		Hole Loc		······································				·							
UL er lot no.	Section	Township	Range	Lot Ida	Feet from	the	North/S	outh line	Feet from the	East/V	Vest line	County			
13 Lae Code	13 Produci	ng Method C	ode 14 Gas	Connection Da	te " C-	129 Perm	it Number	,	C-129 Effective	Date	" C-	129 Expiration Date			
P		P		12/11/94							<u> </u>				
III. Oil and Gas Transporters															
"Transporter OGRID		14	19 Transporter Name and Address			20 POD 21 O/G				22 POD ULSTR Location and Description					
138648 /AMOCO		OCO PIPI	PELINE ICT			2813768		0							
Attenti			n: Mike Stansifer 🎇						G-20-17S-37E						
502 N. We 009171 Levelland						012220			·						
GPM									G-20-17S-37E						
							:								
		İ				!									
	2844-1812/1818	···	\$(1,5%), yes												
addig or working by	42/5a				4002	KWYUA.K	X 2000	CALLET DA				İ			
IV. Produced Water															
	POD					POD UI	STR Local	ion and D	Description						
28137	769	Ì							•						
V. Well	Complet	ion Data	l			· · · · · · · · · · · · · · · · · · ·			-		·				
Spud Date 10/02/04			34 Ready Date			" TD			²² PBTD	.		Perforations			
10/02/94			31 Casing & Tubing Size			1,105'			11,026		10858	I-902 '			
Hole Size			 	n Depth Set				35 Sacks Cement							
17-1/2" 12-1/4"				400'				- : -		15					
			8-5/8"					5167			5	45			
7–7/8"			5-1/2"			11105'				340					
	m -		1		·····			·····							
VI. Well	Test Da		Delivery Date	1 2 -	-1 D-4-	 	27 mr =		T == -			***			
,	TOW OR	OL Delivery Date		M Test Date			" Test Length		* Tog Pressure		ļ	³⁴ Cag. Pressure			
" Choi	ce Size		" Oil	Dil 4		Gas)	4 AC)F		* Test Method			
										I COL INICIANG					
"I hereby certify that the rules the most Conservation Division have been complied															
	with and that the information given above is true and complete/to the best of my								OIL CONSERVATION DIVISION						
Signature: IN AN TO IN							Approved by ORIGINAL SIGNED BY JERRY SEXTON								
Printed name: Cingly R. Keister							Tide: DISTRICT I SUPERVISOR								
Title:				Approval Date: JAN 2 7 19				K							
Supervisor 1 Date: 01/19/95			Phone: (2	0/111 2 1 3				b!							
" If this is a	change of op	erator fill in 1				ious opera	tor								
5	Previous 4	Operator Sign	netuse			P	- J N		1	_					

New Mexico Oil Conservation Division C-104 Instructions

IF 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 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
- 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

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Chenge gas transporter

RT Request for teet allowable (Include volume requested) requested)

If for any other reason write that reason in this box.

- 4. The API number of this well
- 6 The name of the pool for this completion
- The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 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.
- 11. The bottom hole location of this completion
- Lease code from the following table:
 F Federal
 S State 12

Fee

13.

Jicarilla

Navajo Ute Mountain Ute Other Indian Tribe NU

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
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this
- 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.
- Product code from the following table:
 O Oil
 G Gas 21.

- 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.) 22.
- 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
- 29. Top and bottom perforation in this completion or casing 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 and
- Number of sacks of cement used per casing string 33.

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:

F Flowing
P Pumping
S Swebbing
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

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