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Signatufe: Contrained sources of the CHARIS WILLIAMS Printed name Ronnie H. Westbrook Title: Vice President Date: 3-2-98 Phone: 915-684-6631 * If this is a change of operator fill in the OGRID number and name of the previous operator Frisco Energy, L.L.C. # 167452 Previous Operator Structure Printed Name Charles E. Smith Co-Manager 3/10/91 New Mexico Oil Conservation Division C-104	with and that th	<u>e i</u> nformatio	n given above	is true and com	plete to the best o	of my		O	IL CC	NSERVAT	ION D	IVIS	ION		
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Vice President Date: 3-2-08 Phone: 915-684-6631 * If this is a change of operator fill in the OGRID number and name of the previous operator Frisco Energy, L.L.C. #167452 Previous Operator Stimature, Printed Name Charles E. Smith Co-Manager 3/10/91 New Mexico Oil Conservation Division C-104 Instructions	Title:						Approval Date:								
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Charles E. Smith Co-Manager 3/10/91 New Mexico Oil Conservation Division 6-104 Instructions		Energy	<u>, L.L.C</u>	#		F	- F								
New Mexico Oil Conservation Division 6-104 Instructions	Chan		Operator Sig	insture,		Charle				Co-Mana		le	3/10 Inc		
				<u> </u>	New Me	exico Oil	Conserva	tion Divis	tion .	· · · · ·					
F THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED accompanied by a tabulation of the deviation tests conducted										• * •					

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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

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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 susporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

improperty 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: З. New

 - NW
 New Well

 RC
 Recompletion

 CH
 Change of Operator (Include the effective date.)

 AO
 Add oil/condensate transporter

 CO
 Change oil/condensate transporter

 CG
 Change oil/condensate 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
- The name of the pool for this completion 5.
- 6. The pool code for this pool
- The property code for this completion 7.
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- 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: 12.

F	Federal
S	State
P	Fee
J	Jicarilla
Ň	Navajo
Ü	Ute Mo
ī	Other In

- untain Ute Other Indian Tribe
- The producing method code from the following table:

 F
 Flowing

 P
 Pumping or other artificial lift
 13.
- MO/DA/YR that this completion was first connected to a 14. gas transporter
- 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.
- 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.
- 21. Product code from the following table: O Oil

Ğ Gas

- The ULSTR location of this POD if it is different from the 22. 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.
- 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
- Top and bottom perforation in this completion or casing shoe and TD if openhoic 29
- Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well have 30. this well bore.
- 31. Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and bottom.
- 34. Number of sacks of cement used per casing string

If 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.

- 35. MO/DA/YR that new oil was first produced
- 36. MO/DA/YR that gas was first produced into a pipeline
- 37. MO/DA/YR that the following test was completed

- 38. Length in hours of the test
- Flowing tubing p. are oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- Barrels of water produced during the test 43.
- 44. MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
 - The method used to test the well:
 - Flowing Ď

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46.

- Pumping Swabbin
 - 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 47.
- 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 48.