District I

PO Box 1980, Hobbs, NM 88241-1980 District II

\$11 South First, Artesia, NM 88210

District III

State of New Mexico
Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION

Form C-104 Revised October 18, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

2040 South Pacheco

1000 Rio Brazo	e Rd., Aztec,	NM 87410		Sant	a Fe,	NM 87:	505			TV.	77	•		
District IV 2040 South Pac	heco Santa I	Fe NM 87505			•					IX.	MA E	ENDED REPORT		
I.				LLOWAB	LE AI	UA ON	THORI	ZATI	ON TO TR	ANSP	ORT			
				me and Address		•				¹ OGRID Number				
Frisco Energy, L.L.C. 2431 E. 51st St., Suite 300							1				67452			
Tulsa, OK 74105							CH Ef				Reason for Filing Code fective 12/01/97			
⁴ API Number							Pool Name				⁶ Pool Code			
30-025-04364 Eumont Yates Seven Riv							vers Queen				22800			
, Pr	operty Code	5/25	MaGrudo	roperty Na	erty Name			* Well Number 002						
-005090-22565 MaGruder State II. 10 Surface Location											002			
Ul or lot no.	Section	Township	, , , , , , , , , , , , , , , , , , , 		Feet from the		North/South Line		Feet from the	he East/West line		County		
J	28	205	36E	1		980 Sou			1980	1	ast	Lea		
		Tole Loc						CII	1300	1300 2030 20		Lea		
UL or lot no.	Section	Township	Range	Lot Jdn	Feet from the		North/South line		Feet from the	East/West line		County		
0201101												county		
" Lee Code Producing Method		ng Method Co	de H Gas	Connection Date	. и(C-129 Perm	it Number	1	C-129 Effective	Date	17 C-1	29 Expiration Date		
III. Oil ar	nd Gas T	ransport	ers								-			
" Transpor			¹⁹ Transporter Name and Address			** POD		²² POD ULSTR Location and Description						
		xaco Trading & Transp.,Inc.			Inc I	107581	810 0		Same					
). Box 6 Nand. T	C 60628 TX 79711-0628												
GPM G			Gas Corporation			107583	0	G	Same			*************************		
009171	4 Penbr	enbrook Avenue												
Odessa, TX 79762														
							1							
*	200 000													
300000 10 10 10 10 10 10 10 10 10 10 10 1														
							:							
IV. Produ	ced Wat	er						_						
²⁵ POD ULSTR Location and Description														
V. Well C	Completi	on Data						- -	-					
²⁸ Spud Date		×	M Ready Date		" TD		* PBTD		39 Perforations		DHC, DC,MC			
31 Hole Size			³³ Casing & Tubing Size				30	Depth Se	s Sacks Cement					
														
														
VI. Well	Test Dat	a				•			· _ · _ · _ · _ · _ · _ · _ · _ · _ · _					
³⁶ Date New Oil		³⁶ Gas Delivery Date		" Tes	t Date	e "Te		ngth	" Tbg. Pressure		46 Cag. Pressure			
41 Choke Size		a	Ołl	٩W	aler	44 G			« AOF			4 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:							OIL CONSERVATION DIVISION Approved to PRIOR OF CHRIS WILLIAMS DISTRICT I SUPERVISOR							
Printed name: Charles E. Smith							DISTRICT : SOMERVISOR Title:							
Tule: Co- Manager							Approval Date: 23 23 1338							
Date: 01/26		Phone 918	0											
" If this is a ch	ange of oper	etor fill in the		ber and name o		lous oneses								

Hawkins Oil & Gas Inc #010221

ious Operator Signature

William L

Printed Name

Land Manager

01/26/98

William L. Turner, III

New Mexico Oil Conservation Division
6-104 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.

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, $\hat{\mathbf{t}}^{(i)}$ -porter, 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
- 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 (Include the effect

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change gas transporter

RT Request for test allowable (Include or filing code from the following table:
New Well
Recompletion
Change of Operator (include the effective date.)
Add oil/condensate transporter
Change oil/condensate transporter
Add gas transporter
Change gas transporter
Request for test allowable (include volume requested)
If for any other reason write that reason in this box.

- The API number of this well 4.
- The name of the pool for this completion 5.
- The pool code for this pool 6.
- 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.
- Lease code from the following table: Federal 12.

State

Fee Jicarilla

NU

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 14. gas transporte
- 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 17. completion
- 18. The gas or oil transporter's OGRID number
- 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.
- 21. Product code from the following table:

Oil Gas

- 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
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if epocholo 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 bore. 30.
- 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

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

- 38. Length in hours of the test
- Flowing tubing pres. a 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.
- Remain 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.
- 46. The method used to test the well:

Flowing 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 47. signed, and the about this report
- The previous operator's name, the eignature, 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.



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