Detret i PO Box 1986, Hobbs, NM 88241-1986

State of New Mexico

Form C-104

District II NO Drawer DD, Artesia, NM 88211-0719 District III

OIL CONSERVATION DIVISION PO Box 2088

Revised February 10, 1994 Instructions on back Submit to Appropriate District Office

1000 Rio Brazzo District IV	Rd., Assoc,	NM 87410		Santa 1	Fe, I	NM 87504	1-2088				_	3 Copies	
PO Box 2008, S	anta Fe, NM	87504-2008									AME	NDED REPORT	
<u>I.</u>		EQUEST	FOR A	LLOWA	BLE	AND AU	THOR	IZAT	ION TO I	RANS:	PORT		
Operator name and Address CORID Number												3	
SABA ENERGY OF TEXAS, INCORPORATED 1603 S.E. 19th STREET, SUITE 202									34703				
EDMOND, OK 73013									Reason for Filing Code				
'API Number									OCT 01 1995, CH				
30 - 0 25			' Pool Name NORTH PEARL MORROW						* Pool Code				
	operty Code		Property Name						82680				
18033	007983	-	COYOTE STATE						' Well Number				
II. 10 S	Surface :	Location										*	
Ul or lot no.			Range Lot.ldn		Feet from the		North/South Line		Feet from the	East/W	est line	County	
F	36	19S	35E	1		1980	0 North		1650	West		Lea	
11	Bottom 1	Hole Loca	ation						<u> </u>				
UL or lot no.	Section	Township	Hange	Lot Ida	Fee	from the	North/So	ath line	Feet from the	East/W	est line	County	
			<u> </u>										
		ng Method Code	ł		Le	16 C-129 Permi	it Number		C-129 Effective Date		" C-1:	17 C-129 Expiration Date	
S	-d C (F	<u></u>	5-22-91						·			
III. Oil and Gas Transporters "Transporter "Transporter Name "POD "O/G "POD III.STR Leve													
OGRID			10			- POD			22 POD ULSTR Location and Description				
22507		Texaco Trading &				1932510 O							
gallet 2 -		Transpor	rtation	n, Inc.		Sept. Ann. Company							
024650			D = 4: 3	·				**********				-W ·	
024650		Warren Petroleum Co.				1932530 G							
Est in the second secon						2							

XX	and the second					Liberal Cooler mai		alice ica, Al					
IV. Prodi													
	POD POD ULSTR Location and Description												
19:	32550								·				
V. Well		ion Data	a										
Spud Date			³⁴ Ready Date						" PBTD	2 PBTD 2 Perform			
³⁰ Hole Size			31 Casing & Tub			ing Size ¹¹ Dep			1		30 Sacks Cement		
							*						
					*								
								·					
													
VI. Well	Test Da		Delivery Date ** Test Date							······································			
Date	iew Oil	- Gas Dea	very Date	- 16	st Date	" Test L		ngth " Tbg. P		ressure	essure "Cag. Pressur		
" Choke Size		41 C	42 7	Valer		a Gas		- AOF			* Test Method		
							943		AGF			rest Merion	
4 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. OIL CONSERVA'TION DIVISION													
Signature:	Ra	\mathcal{L}_{α}	140			Approve	d by: eng	olocula 5	. E. Proprietans proc	S TO TO WAR	68V9 6 0		
Printed name: BRADIES T, KATEGOGG TILLE: DESTRICT STORMY SEXTON												14	
Title:	SESIDE		Approva	Approval Date:									
Date:	4-79-	21				DEC 08 1995							
Date: 4-29-95 Phone: 405-340-3600 This is a change of operator filly in the OGRID number and name of the previous operator													
OCDID ADJEORS (I AM CA M. O.)													
	Previous C	perator Signatu	ire		-	Printe	d Name				lalls:	t 7-14-95 Date	
Mit	chell E	nergy Co	rporat:	ion, P.O.	. Bo	x 4000,	The Wo	odlan	ds, Texas	7738	37-400	0	

New Mexico Ol 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 despend 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.
- Resear for filing code from the following table: 3.

NW RCHOOGG CA CRT

Recompletion Change of Operator Add oil/condensate

Cri Change of Operator
AO Add oil/condensate transporter
CO Change oil/condensate transporter
AG Add gas transporter
CG Change gas 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
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- The property code for this completion
- The property name (well name) for this completion 8.
- 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.
- 11. The bottom hole location of this completion
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla 12.

- Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table:
 F Flowing
 P Pumping or other artificial lift 13.

- 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 17.
- 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.
- 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 Pica (Example: "Battery A", "Jones CPD",etc.) 22.
- The POO number of the storage from which water is moved from this property. If this is a new well or recompletion sheld 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 PCD (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 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

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

Pumping Swapping

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.

