District I

PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico Energy, Minerals & Natural Resources Department

Form C-104 Revised October 18, 1994 Instructions on back

District II 811 South First, Artesia, NM 88210

OIL CONSERVATION DIVISION 2040 South Pacheco

Submit to Appropriate District Office 5 Copies

District III

000 Rio Brazos istrict IV	Rd., Az	tec, NM 87	7410	Santa Fe, NM 87505								☐ AMENDED REPORT		
040 South Pach	eco, San	ta Fe, NM REOU	187505 JEST F	OR AL	LOWABL	E AND	AUT	'HORI	ZATIO	ON TO TRA	ANSPO	ORT		
REQUEST FOR ALLOWABLE AND Operator name and Address Foliagon Chook Resources True								169415				D Numbe	er	
Falcon Creek Resources, Inc. 621 17th Street, Suite 1800, Denver Colorad												Reason for Filing Code		
API Number								ol Name				' Pool Code		
30 - 025			- W	West Teas (Yates/Seven				Rivers)			_	59110		
<del>-013328</del> Pm	25	<u> </u>	S	charba	uer "4"	rrop	erty Ivan	rty Ivanie			1			
I. 10 S	10 Surface Location			Range Lot.Idn		Feet from the		North/South Line		Feet from the	East/West line County		County	
	0 4		os I	33E	201.7411	660		South			1980   East		Lea	
			Locati											
UL or lot no.			vnship	Range Lot Idn		Feet from the		North/So	uth line	Feet from the	East/W	est line	County	
12 Lse Code	- 1 ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·-		thod Code	01 <b>G</b>	Connection Date	" C-1	29 Permi	9 Permit Number		* C-129 Effective Date		17 C-1	17 C-129 Expiration Date	
III. Oil and Gas Transporters  "Transporter Name "POD "O/G "POD ULSTR Location"														
" Transpo OGRID		19 Transporter Name and Address				" POD " O/G					Description			
20507		Equil	on Ent	terpri	ses, LLC	es, LLC 280		93 0						
009171		GPM G	GPM Gas Corporation					-	G					
			. <del></del>									<del></del>	····	
				<del>-</del>										
IV. Prod	uced	Water								.1				
280762	POD 0					и	POD UI	LSTR Loca	tion and	Description				
V. Well		oletion								3 Parforations			M DUC DC MC	
<sup>11</sup> Spud Date			" R	<sup>24</sup> Ready Date			TD "PBT			2º Perforations		" DHC, DC,MC		
31 Hole Size				<sup>22</sup> Casing & Tubing Size			33 Depth S			Set	******	34 Sac	ks Cement	
VI. Well	Test	Data	······									<del></del>		
<sup>34</sup> Date New Oil <sup>34</sup> Ga			<sup>34</sup> Gas Del	5 Delivery Date 37 Te		est Date		34 Test Length		37 Tbg. Pressure			4 Csg. Pressure	
41 Choke Size			41	<sup>4</sup> Oil <sup>4</sup> V		Valer		44 Gas		4 AOF			" Test Method	
<sup>47</sup> 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 bolief.  Signature:								Approved by:  DISTITUTE: 1 SOUTHER MILLIAMS						
Printed name: T H Cox I								Title:						
Printed name: Joe H. Cox, Ji.  Title: Sendor Englager  Date: 2/23/00 Phone: 303-675-0007								Approval Date: MAR 2 7 2000						
Date: 2	/23	100		Phone:	303-675-0									
" If this is	Achange HO	of operato	residents the	e OCBID n	umber and name Georg	e of the prev ge Mull	ious opei en	sr. R	eg. A	Affairs Ana	alyst		01-17-00	
Mitche	Pre	vious Oper nergy	rator Signa COTTO	ture ration	n, P.O. Bo	ox 4000	Pri	nted Name e Wood	lands	s, TX 7738		Title GRID	Date # 015025	
		- 3/			New	Mexico Oil	Conser	vation Di	vision					

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, we other such changes. mber, transporter, or

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.
- 3.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator (Include the effective date.)

AO Add oil/condensate transporter

CO Change oil/condensate transporter

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 have

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
- 7. The property code for this completion
- 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
- 11. The bottom hole location of this completion

Lease code from the following table:
F Federal
S State
P Fee 12

Jicarilla

Navajo Ute Mountain Ute Other Indian Tribe

- 13. The producing method code from the following table: Pumping or other artificial lift
- 14. MO/DA/YR that this completion was first connected to a
- 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.
- 17. MO/DA/YR of the expiration of C-129 approval for this completion
- 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
- Top and bottom perforation in this completion or casing shoe and TD if openhole 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 .
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- 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
- MO/DA/YR that the following test was completed 37.

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

