

District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

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

☒ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address Frisco Energy, L.L.C. 2431 E. 51st St., Suite 300 Tulsa, OK 74105		<sup>1</sup> OGRID Number 167452
		<sup>1</sup> Reason for Filing Code CH Effective 12/01/97
<sup>4</sup> API Number 30 - 0 25-06957	<sup>4</sup> Pool Name Penrose Skelly Grayburg	<sup>4</sup> Pool Code 50350
<sup>1</sup> Property Code 005092 22563	<sup>1</sup> Property Name State A	<sup>1</sup> Well Number 001

II. <sup>10</sup> Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
F	32	21S	37E		1980	North	1980	West	Lea

<sup>11</sup> Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
<sup>12</sup> Lee Code S	<sup>12</sup> Producing Method Code	<sup>12</sup> Gas Connection Date	<sup>12</sup> C-129 Permit Number	<sup>12</sup> C-129 Effective Date	<sup>12</sup> C-129 Expiration Date				

III. Oil and Gas Transporters

<sup>13</sup> Transporter OGRID	<sup>13</sup> Transporter Name and Address	<sup>13</sup> POD	<sup>13</sup> O/G	<sup>13</sup> POD ULSTR Location and Description
022507	Texaco Trading & Transp., Inc P.O. Box 60628 Midland, TX 79711-0628	1076410	0	Same
022345	Texaco Expl. & Prod. Inc. P.O. Box 3000 Tulsa, OK 74102	1076430	G	Same

IV. Produced Water

<sup>14</sup> POD	<sup>14</sup> POD ULSTR Location and Description

V. Well Completion Data

<sup>15</sup> Spud Date	<sup>15</sup> Ready Date	<sup>15</sup> TD	<sup>15</sup> PBTB	<sup>15</sup> Perforations	<sup>15</sup> DHC, DC, MC
<sup>16</sup> Hole Size	<sup>16</sup> Casing & Tubing Size	<sup>16</sup> Depth Set	<sup>16</sup> Sacks Cement		

VI. Well Test Data

<sup>17</sup> Date New Oil	<sup>17</sup> Gas Delivery Date	<sup>17</sup> Test Date	<sup>17</sup> Test Length	<sup>17</sup> Tbg. Pressure	<sup>17</sup> Csg. Pressure
<sup>18</sup> Choke Size	<sup>18</sup> Oil	<sup>18</sup> Water	<sup>18</sup> Gas	<sup>18</sup> AOF	<sup>18</sup> Test Method

<sup>19</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 belief. Signature: <i>Charles E. Smith</i> Printed name: Charles E. Smith Title: Co- Manager Date: 01/26/98 Phone: 918-742-5200		<b>OIL CONSERVATION DIVISION</b> Approved by: ORIGINAL SIGNED BY CHRIS WILLIAMS DISTRICT I SUPERVISOR Title: Approval Date: 12 20 1998	
<sup>20</sup> If this is a change of operator fill in the OGRID number and name of the previous operator Hawkins Oil & Gas, Inc. #010221 Previous Operator Signature: <i>William L. Turner, III</i> Printed Name: William L. Turner, III Title: Land Manager Date: 01/26/98 New Mexico Oil Conservation Division C-104 Instructions			

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "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
2. 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
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

38. Length in hours of test
39. Flowing tubing pressure - oil wells  
Shut-in tubing pressure - gas wells
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:

F	Flowing
P	Pumping
S	Swabbing

If other method please write it in.
47. 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

District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
PO Drawer DD, Artesia, NM 88211-0719  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals & Natural Resources Department

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

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

☒ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Hawkins Oil & Gas, Inc. 400 So. Boston, Suite 800 Tulsa, OK 74103		OGRID Number 010221
Reason for Filing Code CO		Effective 03/01/96
API Number 30 - 025-06958	Pool Name Penrose Skelly Grayburg	Pool Code 50350
Property Code 005092	Property Name State A	Well Number 002

II. Surface Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
E	32	21S	37E		1980	North	660	West	Lea

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Lee Code	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
022507	Texaco Trading & Transp., Inc. P.O. Box 60628 Midland, TX 79711-0628	1076410	0	Same

IV. Produced Water

POD	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	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:

*Kathy B. McGuire*

Printed name:

Kathy B. McGuire

Title:

Engineering Assistant

Date: February 27, 1996

Phone: (918) 585-3121

OIL CONSERVATION DIVISION

Approved by: *ORLANDO R. SEXTON*

Title:

DIVISION

Approval Date:

MAR 28 1996

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date

*mcp*

New Mexico Oil Conservation Division  
C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "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
2. 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
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
7. The property code for this completion
8. The property name (well name) for this completion
9. The number for this completion
10. The well location. NOTE: If the well is located on a government reservation, designates a Lot Number for location. If not, use the number in the "UL or lot no." box. Other use the unit letter.
11. The bottom hole location of this completion
12. Lease code from the following table:  

F	Federal
S	State
P	Fee
J	Jicarilla
N	Navajo
U	Ute Mountain Ute
I	Other Indian Tribe
13. 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
15. The permit number from the District approved C-129 for this completion
16. MO/DA/YR of the C-129 approval for this completion
17. MO/DA/YR of the 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
20. 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. Write it here.
21. Product code from the following table:  

O	Oil
G	Gas

22. 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.)
  23. 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.
  24. 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.)
  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 bottom.
  33. 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.
34. 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
  37. Length in hours of the test
  38. Flowing tubing pressure - 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. 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	Swabbing

If other method please write it in.
  46. 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

