

District I  
PO Box 1908, Hobbs, NM 88241-1908  
District II  
PO Drawer DD, Artesia, NM 88211-8719  
District III  
1000 Rio Brava 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 ROCA RESOURCE COMPANY, INC. P. O. Box 1981 MIDLAND, TX 79702-1981		OGRID Number 152374
		Reason for Filing Code CH <i>eff 4-1-99</i>
API Number 30 - 0 25-21719	Pool Name GRAMA RIDGE MORROW	Pool Code 77680
Property Code 23259 <i>2503</i>	Property Name GOVERNMENT "A"	Well Number 1

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	10	22S	34E		1650	N	1650	W	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
Lee Code <i>8 F</i>	Producing Method Code P	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
012852	KOCH OIL COMPANY P. O. Box 2256 WICHITA, KS 67201	2805141	<i>0</i>	
13382	LG&E NATURAL GATHERING & PROCESSING CO.	2806168	<i>6</i>	

IV. Produced Water

POD	POD ULSTR Location and Description
<i>2206161</i>	

V. Well Completion Data

Spud Date	Ready Date	TD	FBTD	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	Cog. Pressure
Choke Size	Oil	Water	Gas	AOP	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:

Printed name:

John M. Hillman

Title:

Vice-President

Date: 8-6-99

Phone: (915) 682-2554

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY

Title:

Approval Date:

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

OGRID 017081 PECOS RIVER OPERATING, INC.

Previous Operator Signature

Printed Name

Title

Date

PATRICIA T. GREENWADE

AGENT

6/25/99

District I  
P.O. Box 1980, Hobbs, NM 88241-1980

District II  
P.O. Drawer DD, Artesia, NM 88211-0719

District III  
1000 Rio Brazos Rd., Aztec, NM 87410

District IV  
P.O. Box 2088, Santa Fe, NM 87504-2088

Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
2040 South Pacheco  
Santa Fe, NM 87505

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

<sup>1</sup> Operator name and Address Pecos River Operating, Inc. P O Box 1675 Roswell, NM 88202		<sup>2</sup> OGRID Number 017081
<sup>4</sup> API Number 30-025-21719		<sup>3</sup> Reason for Filing Code CH effective March 1, 1998
<sup>5</sup> Pool Name Grama Ridge Morrow		<sup>6</sup> Pool Code 77680
<sup>7</sup> Property Code 23259	<sup>8</sup> Property Name Government 'A'	
		<sup>9</sup> Well Number 1

<sup>10</sup> Surface Location

UI or lot no. F	Section 10	Township 22S	Range 34E	Lot. Idn	Feet from the 1650	North/South line N	Feet from the 1650	East/West line W	County Lea
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<sup>11</sup> Bottom Hole Location

UI or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South line	Feet from the	East/West line	County
<sup>12</sup> Use Code SYs	<sup>13</sup> Producing Method Code P	<sup>14</sup> Gas Connection Date	<sup>15</sup> C-129 Permit Number	<sup>16</sup> 29 Effective Date	<sup>17</sup> C-129 Expiration Date				

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> POD	<sup>21</sup> O/G	<sup>22</sup> POD ULSTR Location and Description
012852	Koch Oil Company P O Box 2256 Withcota, KS 67201	2805141	O	
13382	LG&E Nat Pipeline Co	2806168	G	

IV Produced Water

<sup>23</sup> POD 2806901	<sup>24</sup> POD ULSTR Location and Description
------------------------------	--

V. Well Completion Data

<sup>25</sup> Spud Date	<sup>26</sup> Ready Date	<sup>27</sup> TD	<sup>28</sup> PBTD	<sup>29</sup> Perforations
<sup>30</sup> Hole Size	<sup>31</sup> Casing & Tubing Size	<sup>32</sup> Depth Set	<sup>33</sup> Sacks Cement	

VI Well Test Data

<sup>34</sup> Date New Oil	<sup>35</sup> Gas Delivery Date	<sup>36</sup> Test Date	<sup>37</sup> Test Length	<sup>38</sup> Tbg. Pressure	<sup>39</sup> Csg. Pressure
<sup>40</sup> Choke Size	<sup>41</sup> Oil	<sup>42</sup> Water	<sup>43</sup> Gas	<sup>44</sup> AOF	<sup>45</sup> Test Method

<sup>46</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:

Printed Name:

Rex Corey Jr.

Title:

Vice President

Date:

2/25/98

Phone:

OIL CONSERVATION DIVISION

ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT I SUPERVISOR

Approved by:

Title:

Approval Date:

2/25/98

<sup>47</sup> If this is a change of operator fill in the OGRID number and name of the previous operator

OGRID #000873

Apache Corporation

Previous Operator Signature:

Printed Name

Pamela M. Leighton

Title

Sr Regulatory Analyst

Date

2/17/98

District I  
PO Box 1988, Hobbs, NM 88241-1988

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

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☒ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Apache Corporation 2000 Post Oak Blvd - Ste 100 Houston, TX 77056-4400		OGRID Number 0873
		Reason for Filing Code Correction CH eff date: 1/1/96
API Number 30 - 025-21719	Pool Name Grama Ridge Morrow	Pool Code 77680
Property Code 18282	Property Name Government 'A'	Well Number 001

II. Surface Location

UL or lot no. F	Section 10	Township 22S	Range 34E	Lot Idn	Feet from the 1650	North/South Line N	Feet from the 1650	East/West line W	County Lea
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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
Use Code S/E	Producing Method Code P	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
12852	Koch Oil Company PO Box 2256 Wichita, KS 67201	2805141	0	

IV. Produced Water

POD 2806901	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations	DHC, DC, MC
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: *Julia North*

Printed name: Julia North

Title: Sr Production Analyst

Date: 10/2/96

Phone: 713-296-7122

OIL CONSERVATION DIVISION

Approved by:

Title:

Approval Date:

OCT 06 1996

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

Apache Energy Resources Corporation #9761

Previous Operator Signature

Printed Name: Julia North

Title: Sr Production Analyst

Date: 10/2/96

DISTRICT I

Box Drawer 00, Artesia, NM 88211-0719

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

Instructions on back

Submit to Appropriate District Office

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DISTRICT II

200 Rio Brazos Rd., Aztec, NM 87410

DISTRICT IV

Box 2088, Santa Fe, NM 87504-2088

☐ AMENDED REPORT

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator Name and Address Apache Corporation 2000 Post Oak Blvd - Ste 100 Houston, TX 77056-4400		OGRID Number 9761 873
		Reason for Filing Code CH 11/1/95 1/1/96
API Number 30-025-21719	Pool Name Grama Ridge Morrow	Pool Code 77680
Property Code 004860 18282	Property Name Government A	Well No. 1

Surface Location									
UI or lot no. F	Section 10	Township 22S	Range 34E	Lot/Idn	Feet From The 1650	North/South Line North	Feet From The 1650	East/West Line West	County Lea

Bottom Hole Location									
UI or lot no.	Section	Township	Range	Lot/Idn	Feet From The	North/South Line	Feet From The	East/West Line	County
Use Code 8	Producing Method Code P	Gas Connection Date		C-129 Permit Number		C-129 Effective Date		C-129 Expiration Date	

Oil and Gas Transporters				
Transporter OGRID 12852	Transporter Name and Address Koch Oil Company P O Box 2256 Wichita, KS	POD 2805141	OIG	POD ULSTR Location and Description

Produced Water	
POD 2806901	POD ULSTR Location and Description

Well Completion Data				
Spud Date	Ready Date	Total Depth	PSTD	Perforations
HOLE SIZE		CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

Well Test Data					
Date New Oil	Gas Delivery Date	Date of Test	Length of Test	Tubing Pressure	Casing Pressure
Choke Size	Oil - Bbls.	Water - Bbls.	Gas - MCF	ACF	Test Method

I hereby certify that the rules and regulations 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 CONSERVATION DIVISION ORIGINAL SIGNED BY JERRY SEXTON DISTRICT I SUPERVISOR	
Signature 	Approved By: _____		Title: _____
Printed Name Julia T North	Approval Date: JAN 12 1996		
Title Sr Regulatory Analyst			
Date 1/9/96	Telephone 713/296-7122		
If this is a change of operator fill in the OGRID number and name of the previous operator Apache Energy Resources Corp #9761			
Previous Operator Signature 	Printed Name Julia T North	Title Sr Regulatory Analyst	Date 1/9/96

DISTRICT I  
 P.O. Box 1980, Hobbs, NM 88241-1980  
 DISTRICT II  
 P.O. Box Drawer DD, Artesia, NM 88211-0719  
 DISTRICT III  
 100 Rio Brazos Rd., Aztec, NM 87410  
 DISTRICT IV  
 P.O. Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
 Energy, Minerals and Natural Resources Department  
**OIL CONSERVATION DIVISION**  
 P.O. Box 2088  
 Santa Fe, New Mexico 87504-2088

Form C-104  
 Revised February 10, 1994  
 Instructions on back  
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☐ AMENDED REPORT

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator Name and Address APACHE ENERGY RESOURCES CORP. 200 POST OAK BLVD., SUITE 100 HOUSTON, TX 77056-4400				OGRID Number 9761	
				Reason for Filing Code 211	
API Number 30-025-21719		Pool Name GRAMA RIDGE MORROW		Pool Code 77680	
Property Code 004860		Property Name GOVERNMENT A		Well No. 1	
10 Surface Location					
UI or lot no. F	Section 10	Township 22S	Range 34E	Lot Idn	Feet From The North/South Line 1650 N 1650 W
					County LEA
11 Bottom Hole Location					
UI or lot no.	Section	Township	Range	Lot Idn	Feet From The North/South Line
					County
12 Les Code S F	13 Producing Method Code	14 Gas Connection Date	15 C-129 Permit Number	16 C-129 Effective Date	17 C-129 Expiration Date

Oil and Gas Transporters					
18 Transporter OGRID	19 Transporter Name and Address	20 POD	21 O/G	22 POD ULSTR Location and Description	
12852	KOCH OIL COMPANY P.O. BOX 2256 WICHITA, KS	2805141	0		
13382		2806168	G		

IV. Produced Water	
23 POD 2806901	24 POD ULSTR Location and Description

V. Well Completion Data			
25 Spud Date	26 Ready Date	27 Total Depth	28 PBTD
29 HOLE SIZE	31 CASING & TUBING SIZE	32 DEPTH SET	33 SACKS CEMENT

VI. Well Test Data					
34 Date New Oil	35 Gas Delivery Date	36 Date of Test	37 Length of Test	38 Tubing Pressure	39 Casing Pressure
40 Choke Size	41 Oil - Bbls.	42 Water - Bbls.	43 Gas - MCF	44 AOF	45 Test Method

46 I hereby certify that the rules and regulations 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>Pamela M. Leighton</i> Printed Name: PAMELA M. LEIGHTON Title: CLERK Date: _____ Telephone: (713) 296-7120		<b>OIL CONSERVATION DIVISION</b> Approved By: <i>[Signature]</i> Title: _____ Approval Date: <b>AUG 23 1995</b>
47 If this is a change of operator fill in the OGRID number and name of the previous operator 9761 HADSON ENERGY RESOURCES CORP PAMELA M. LEIGHTON CLERK		7/3/95 Previous Operator Signature: <i>[Signature]</i> Printed Name: _____ Title: _____ Date: _____

**RECEIVED**

**JUL 05 1995**

**U.S. DEPT. OF JUSTICE  
OFFICE**

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesa, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
Hadson Energy Resources Corporation	30-025-21719
Address	
P.O. Box 25956, Oklahoma City, OK 73125-0956	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator	
Hadson Petroleum (USA), Inc., P.O. Box 26770, Oklahoma City, OK 73126	

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Government A	1	Gramma Ridge Morrow	State, Federal or Fee Federal	SW-357
Location				
Unit Letter	F	1650	Feet From The	North Line and 1650
Section	10	Township	22S	Range 34E, NMPM, Lea County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Koch Oil Company	P.O. Box 2256, Wichita, KS 67201					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Llano, Inc.	921 W. Sanger, Hobbs, NM 88240					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	F	10	22S			

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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.

Bruce E. Hankins  
Signature  
Bruce E. Hankins Engineering Technician  
Printed Name Title  
04/06/93 (405)232-2212  
Date Telephone No.

OIL CONSERVATION DIVISION

Date Approved July 18 1993

By ORIGINAL SIGNED BY DISTRICT

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

APR 06 1993

CON. HOBBS 221107



Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Hadson Petroleum (USA), Inc.	Well API No.	30-025-21719
Address			
P.O. Box 26770 Oklahoma City, OK 73126			
Reason(s) for Filing (Check proper box)			
<input type="checkbox"/> New Well <input type="checkbox"/> Change in Transporter of:			
<input type="checkbox"/> Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>			
<input type="checkbox"/> Change in Operator <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>			
If change of operator give name and address of previous operator			

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Government A	Well No.	#1	Pool Name, Including Formation	Grama Ridge Morrow	Kind of Lease	State, (Federal) or Fee	Lease No.	SW-357
Location									
Unit Letter	F	1650	Feet From The	North	Line and	1650	Feet From The	West	Line
Section	10	Township	22S	Range	34E	NMPM,	Lea	County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	Koch Oil Company	or Condensate	XX	Address (Give address to which approved copy of this form is to be sent)		
				P.O. Box 2256, Wichita, KS 67201		
Name of Authorized Transporter of Casinghead Gas	Llano, Inc.	or Dry Gas	XX	Address (Give address to which approved copy of this form is to be sent)		
				921 W. Sanger Hobbs, NM 88240		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	F	10	22S	34E	Yes	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
Perforations			Depth Casing Shoe						

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

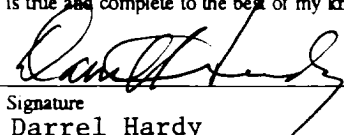
OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)			
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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  
Darrel Hardy  
Printed Name  
6/4/92  
Date

ADM MGR  
Title  
(405) 235-9531  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved \_\_\_\_\_  
By \_\_\_\_\_  
Title \_\_\_\_\_

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies  
Appropriate District Office  
**DISTRICT I**  
P.O. Box 1980, Hobbs, NM 88240

**DISTRICT II**  
P.O. Drawer DD, Artesia, NM 88210

**DISTRICT III**  
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico  
Energy, Minerals and Natural Resources Department

**OIL CONSERVATION DIVISION**

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

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Revised 1-1-89  
See Instructions  
at Bottom of Page

**REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS**

**I.**

Operator	Well API No.
Hadson Petroleum (USA), Inc.	30-025-21719
Address	
P.O. Box 26770 Okla. City, OK 73126	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>

If change of operator give name and address of previous operator \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Government A	#1	Grama Ridge Morrow	State, <u>Federal</u> or Fee	SW-357
Location				
Unit Letter	F	1650 Feet From The	North	1650 Feet From The
Section	10	Township	22S	Range
			34E	NMPM.
			Lea	County

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Scurlock Permian Corporation	333 Clay, P.O. Box 4648 Houston, TX 77210					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Llano, Inc.	921 W. Sanger Hobbs, NM 88240					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	F	10	22S	34E	Yes	

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			

**TUBING, CASING AND CEMENTING RECORD**

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

**V. TEST DATA AND REQUEST FOR ALLOWABLE**

**OIL WELL** (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)


Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

**GAS WELL**

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

**VI. OPERATOR CERTIFICATE OF COMPLIANCE**

I hereby certify that the rules and regulations 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  
Darrel Hardy Manager of Administration  
Printed Name  
1/2/92 (405) 235-9531  
Date Telephone No.

**OIL CONSERVATION DIVISION**  
JAN 07 '92

Date Approved \_\_\_\_\_

By \_\_\_\_\_

Title \_\_\_\_\_

**INSTRUCTIONS:** This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

Submit 5 Copies  
Appropriate District Office  
DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico  
Energy, Minerals and Natural Resources Department

Form C-104  
Revised 1-1-89  
See Instructions  
at Bottom of Page

OIL CONSERVATION DIVISION

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator	Well API No.
Hadson Petroleum (USA), Inc.	30-025-21719
Address	
P.O. Box 26770 Okla. City, OK 73126	
Reason(s) for Filing (Check proper box)	
New Well	Change in Transporter of:
Recompletion	Oil Dry Gas
Change in Operator	Casinghead Gas Condensate XX
If change of operator give name and address of previous operator	

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Government A	#1	Gramma Ridge Morrow	State, (Federal) or Fee	SW-357
Location				
Unit Letter	F	1650	Feet From The North	Line and 1650
		Feet From The West	Line	
Section	10	Township	22S	Range
		34E	NMPM	Lea
		County		

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approved copy of this form is to be sent)				
Mustang Fuel Corporation	XX	2000 Classen Center 800 E Okla. City, OK 73106				
Name of Authorized Transporter of Casinghead Gas	or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
Llano, Inc.	XX	921 W. Sanger Hobbs, NM 88240				
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?
	F	10	22S	34E	Yes	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations		Depth Casing Shoe						

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (puce, back pr)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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  
Darrel Hardy  
Printed Name  
12/16/91  
Date  
Title  
(405) 235-9531  
Telephone No.

OIL CONSERVATION DIVISION

Date Approved  
By  
Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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- Separate Form C-104 must be filed for each pool in multiply completed wells.

## OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

### REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Hadson Petroleum (USA) Inc.		Well API No.
Address 921 W. Sanger Hobbs, NM 88240		
Reason(s) for Filing (Check proper box) <input checked="" type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>	Additional Transporter of Condensate
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of operator give name  
and address of previous operator

### II. DESCRIPTION OF WELL AND LEASE

Lease Name Government A	Well No. #1	Pool Name, Including Formation Grama Ridge Morrow	Kind of Lease State, <del>Federal</del> For Fee	Lease No. SW-357
Location Unit Letter F : 1650 Feet From The NORTH Line and 1650 Feet From The WEST Line Section 10 Township 22S Range 34E, NMPL, LEA County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> R & K Oil Company Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1229 -- Andrews, Tx 79714	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> Llano, Inc.	Address (Give address to which approved copy of this form is to be sent) 921 W. Sanger -- Hobbs, NM 88240	
If well produces oil or liquids, give location of tanks	Unit F	Sec. 10
	Twp. 22S	Rge. 34E
	Is gas actually connected? YES	When?

If this production is commingled with that from any other lease or pool, give commingling order number:

### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

### V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

### VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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 Steve Pfaff  
Printed Name Steve Pfaff Title Supervisor-Contract Admin  
Date 4/23/91 Telephone No. (505) 393-2153

### OIL CONSERVATION DIVISION

Date Approved **APR 24 1991**

By Paul Kantz  
Orig. Signed by Geologist

Title

### INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

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RECEIVED

APR 23 1991

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HOBBS OFFICE