District I PO Box 1988, E	Sobbe, NM	\$2241-1988	1	State Energy, Minere	e of Ne	w Mex	ico Bopartan	uşt.		Revise	Form C-104 d February 10, 1994
District II PO Drawer DD	, Artesia, N	IM 90211-071	• 0				N DIVISION Submit to Appropriate I				•
District III 1999 Rie Brazz	e Rd., Azte	e, NM 87410		Santa I	PO Boz Fe, NM	x 2088 [87504	-2088			_	5 Copies
District IV PO Box 2008, S	ianta Fe, N	M 87584-288	8								MENDED REPORT
I.	1	REQUES	ST FOR A	LLOWAE		ND AU	THOR		ION TO TH	OGRED N	
Ro	ca Re	SOURCI	e Compan						15237		
Р. Мт	O. E	Box 19	81 79702-19	981					CH 2	Resson for Fi	·
	API Namba				i	Pool Name	<u></u>				' Pool Code
30 - 0 25		-	GRAM	<u>1A RIDG</u>							77680
	TOPATTY Car 592	_	60.0	ERNMENT		roperty Na				1	* Wali Number
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¹¹ Lee Code	" Prode	rcing Mathed	Cade "Gas	Connection De		C-129 Perm	it Number		C-129 Effective	Dute '	' C-129 Expiration Date
8F		P									
III. Oil a		s Transp	OFTERS	Name	<u>-</u>	× PO	D	²⁰ O/G	I	" POD ULST	R Location
OGRI			and Advire							and Desc	lptine
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		WICHI			TNC		0			<u> </u>	
13382	2		NATURAL CESSING		ING	28001	009	<u> </u>			
IV. Pro		Water							Description		<u> </u>
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V. Well	Comp				······				* 78 TD		" Perforations
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	³⁶ Eloie :	Sian		Casing & Tub	ving Slav			^a Depth S	Set	1	Sacks Comont
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		<u></u>									
VI. We	ell Test		Dellement Date		Test Date		" Test L		# The	Presente	" Cig. Pressure
Dat	ie New Uni	-0	ias Delivery Data		Test Date						
1	boke St w		" Oil	- 1	d 15/	1		97	-	AOF	" Test Merry 1
" i hereby (certury that I	the rules of the	e Qil Conservatio	n Division bave	been compl	ied					1
with and the knowledge		nation given a	brve is true and c	omplete to the b	est of my		_		ONSERVA		VISION
Signature:	X	FAR!		\sum				î	AL CIGNED		
Printed nam	ee: (J	ohn M.	Hillman			Title:	oval Date:		HIDPER II		i
	<u>V</u> 1 -6-99	<u>ice-Pre</u>		(915) 68	32-2554			<u>isis</u> .			
" If this is	s a change		in the OGR/D	aumber and a	ame of the	previous of					
		017081 ious Operato		RIVER	UPER		inted Name			Tid	e Date
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District I P.O. Box 1980, Hobbs District II	s, NM 88241-1980	Energy,	Minerals and	I Natural Reso	ources Departme	ent		Revisi	Form C-10 ed February 10, 199
P.O.Drawer DD, Artes	ia, NM 88211-0719	OIL	CONSE	RVATION		1		Submit to Appr	Insturctions on bac opriate District Office
District III 1000 Rio Brazos Rd., J	Arter NM 87410			O. Box 2088					5 Copie:
District IV	-216C, NIM 07410			South Pach Fe, NM 87				–	
P.O. Box 2088, Santa	Fe, NM 87504-2088	3	Cunta		505		L		NDED REPORT
<u>l.</u>	REQ	UEST FOR AL	LOWABL	E AND AU	THORIZATIC	N TO TRAN	ISPORT		
¹ Operator name a	nd Address er Operating					2 OGRID N		<u> </u>	
P O Box 1		, mc .			4	0170	or Filing Code		
Roswell, N		·			-		ffective March	1, 1998	
API Number 30-025-21	719	[°] Pool Name Grama Ridg	ie Morrow	,			⁵ Pool Code 7768 0		
⁷ Property Code	0	8 Property Name	2				⁹ Well Numb		
2325	-1 10 Sumface 1	Governmen	<u>t 'A'</u>					1	
UI or lot no.	* Surface L Section	Township	Range	Lot. Idn	Feet from the	North/South line	Feet from the	East/West line	e County
F	10	22S	34E		1650	N	1650	1	Lea
UI or lot no.	¹ Bottom H Section	ole Location	Range	Lot. Idn	East from the				
	Geedon	Tomisinp	- Kange		Feet from the	North/South line	Feet from the	East/West line	County
12 Lse Code	¹³ Producir P	ng Method Code	¹⁴ Gas Con	nection Date 15	C-129 Permit Numb	er ¹⁶ 29 Effecti	ve Date	¹⁷ C-129 E	xpiration Date
III. Oil and Ga									
¹⁸ Transporter		¹⁹ Transporter Name		20	POD	21 O/G	22 POD ULST	R Location	
OGRID 012852	Koch Oil (and Address			2805141		and Desript	tion	
	P O Box 2	• •			2000141	Ŭ			
	Withcita, I	KS 67201							
13382	LG4E	Nat Pu	pelin	e Co !	18K/11	G			
			•		201010				
IV Produced V	Vater								
23 POD	1		24	POD ULSTR Loc	ation and Description		<u> </u>		
2806901							<u> </u>	<u> </u>	
V. Well Comp	etion Data	26 Ready Date	27	TD	28	PBTD	29	Perforations	
³⁰ Ho	le Size	31 C	asing & Tubing	Size	32	Depth Set	3.	³ Sacks Cement	
		-							
VI Well Test D	ata	 ,		I					
34 Date New Oil	³⁵ Gas D	elivery Date	³⁶ Test	Date 37	Test Length	³⁸ Tbg. Pre	essure 33	Csg. f	Pressure
40 Choke Size	41	Dil	42 Wa	ater 43	Gas	44 AQ	F 45	Test	Method
									Metriod
⁴⁶ I hereby certify that with and that the informa		Conservation Division ha true and complete to the		d			RVATION DIV		
knowledge and belief.		a	/ · · · ·		CRIEINAL	SIGLED PY	CURIS WILL'	AMS	
Signature	e/l	h KA		Арг	proved by:	INCT I SUF	-EUNDOU		
Printed Name:			·····	The	÷.				
Rex Corey L	lr.	C			proval Date:	<u> </u>			
Vice-1	meside	AL					َ ب		
Date: 2/257	198	Phone:							
^{4'} If this is a change of OGRID #00		OGRID number and nam Apache Corp		s operator					
Minile	Previous Operator Si				^{ted Name} Pamela M. Le		Title Sr Regulatory		Date 2/17/08
- jumiel	<u> </u>	V X/1.7 1~				SIGNICOLI	<u>or negulatory</u>	maiyst	2/17/98

District I PO Box 1980, I District II 811 South First District III 1000 Rio Braze District IV 2040 South Pac	l, Artesia, N 16 Rd., Azto	FM 88210 c, NM 87410		Energy, Mineral DIL CONS 204	erva Erva 0 Souti	ATION DIVISION Submit to Ap uth Pacheco , NM 87505				Form C-104 Revised October 18, 1994 Instructions on back Appropriate District Office 5 Copies		
I.		•	FOR A			ND AL	JTHOR	ZAT	ION TO TH			
Ара	iche Co	rporatio	•	me and Address					087		D Numb	स
200)O Post	Öak Blv	d - Ste	100					c c	Reason fo	-	
		TX 7705	0-4400				(/	Correctio	n CH e	eff c	late: 1/1/96
30 - 0 25-	Pl Number 21719			Grama Rid		' Pool Nam MMOW	e				1 • 7768	Puol Code 30
1	roperty Cod	e		<u> </u>		roperty Na	LIDE			-+		ell Number
182 II. ¹⁰		Location		Governmen	t 'A'				······		001	
Ul or lot no.	Section	Township	Range	Lot.Idn	Feet from	n the	North/Sou	th Line	Feet from the	East/We	st line	County
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UL or lat no.	Bottom Section	Hole Loc	ation Range	Lot Idn	Feet from	m the	North/So	uth line	Feet from the	East/We		Country
									For House Lat	East we	ak agire	County
" Lse Code	1	ing Method Co	de ¹⁴ Gas	Connection Date	• • · C	-129 Perm	it Number	"	C-129 Effective I	Date	¹⁷ C-1	29 Expiration Date
III. Oil a	nd Gas	Transport	 ters	·····		·	······································	<u> </u>				
Transpo OGRID	rter		Transporter and Addre		<u> </u>	* PO	Ð	²¹ O/G	2	PODUL	STR Los	
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West generation												
V. Produ	iced Wa		···							·		
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280690							·····	· · · · · ·				
	_OMPICI	tion Data	endy Date		^r TD	T	* PBT	D '	" Perforat	ions	3	DHC. DC.MC
												Dire, De,Me
	" Hole Size		^µ (Casing & Tubing	Size		¹¹ D	epth Set			³⁴ Sacks	Cement
·												
											- <u>-</u>	
										<u> </u>		
/I. Well Date No	Test Da		ivery Date	" Test	Date	- <u>1</u>	* Test Leng				T	
			indy bed	100	Delt			, 	" Tog. Pre	SBUITE		Csg. Pressure
4) Choke	Size	, تە	Oil	• Wa	iter		* Gas		MAN *	7		* Test Method
" I hereby ceruf	y that the rul	ies of the Oil Co	onservation D	ivision have been	compiled				de E. Alexandre de la constante			
knowledge and b	eticf	given above is	true and comp	piete to the best of	тy		OIL	CON	SERVATI	ON DI	VISI	ON
Signature:	-/h	utia	hat	h		Approvec	l by:	i				
Printed name		North				Title						
<u> </u>		ction Ana		3-296-7122		Approval	Date:			60	16	, 1893
" If this as a ch	ange of ope	rator fill in the	OGRID nur	nber and name o	f the previ	ious opera	tor					
Apache	Energy	/ Resourd	ses Cor	poration	#9761		i Name					
\leq	Ju	lie 1	horth		Jul	ia No		Sr P	roduction	Analy	st	Date 10/2/96

	2	Box	1980.	Hobbs.	NM	88241-1980
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- not the Brance	84 8	stee 1	MM	47410

OIL CONSERVATION DIVISION

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

P.O. Box 2068 anta Fe, New Mexico 87504-2088

<u>::STINGT N</u> 0. Ber 200 4.					nta Fe, New N					MEND	ED REPORT
Apa c 2000	he Corp Post O	oration ak Blvd	rator Name I	nd Address	WABLE AND /	AUTHOR		° og 9761	RID Number S 7	13	
		77056-					1		430n for Film 41/95	e Code	tel.
30-02	Number 5-21719		Grama	Ridge	Feel N Morrow	lene			/	77680	l Code
· · · · ·	Thearty Code				⁶ Proper	ny Name				• w	el No.
-00486		282	Gover	nment A	·				 	1	
Ul or lot no. F	Section 10	n Township 22S	Range 34E	Lot.idn	Feet From The 1650	North/S Nor	outh Line th	Feet From The 1650	East/We West		County Lea
11 Botto	m Hole Lo	cation									
Ul or lot no.	Section	Township	Range	Lot.idn	Feet From The	North/S	iouth Line	Feet From The	East/We	st Line	County
'' Lao Coda	Produci	ng Method Code	1ª Ges Co	nnection Del	e ¹⁵ C-129 Perr	nit Number	16	C-129 Effective Date		¹⁷ C-129	Expiration Date
	nd Gas Tra										
18 Transp OQR	D		ransporter Ne and Address	l	3 p	00	21 OKG			ULSTR La	
12852		Koch Oil P O Box Wichita,	2256	у	28	05141					
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	uced Wate Pop	r 		.		PODULSTR	Location an	d Description	<u></u>		
	6901										
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	Test Data				<u> </u>						
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Obtain N	ave been comp	tes and regulations fied with and that it is beat of my know	he information g	Han above		Approv	OIL c	CONSERV/ DRIGINAL SIGN DISTRICT	ATION (IED BY JE	RRY SE	ION XTON
Signature		Julia		hatt	h	Title:					
Printed Na		ilia T No							JAN	12 %	95
Dete	<u>r Regul</u> 1/9/96	atory An		hone 713	/296-7122		al Date:				

Apache Energy Resources Corp #9761 Prevous Openior Stenature Min Shouth Printed Name Julia T North Sr Regulatory Analyst 1/9/95

						w Mexico		ment		D av da a		Form C-104
ox 1980. Hobbs. NM 88	241-1980					Resource				1	Instruct	uary 10,1994 jons on back
Kox Drawer DD, Artesia. NM 88211-0719 OIL CONSERVATIO							IVIS	IUN	Sul	omit to Appro	priate [istrict Office 5 Copies
Rio Brazos Rd., Aztec, N RICT IV			Sant			cico 8750	4-2088	3			ENDE	D REPORT
Sox 2088, Santa Fe. NM	87504-2085 RE	QUEST FO	R ALLOW	ABLE	AND AU	THORIZ	ATION	TO TRA	NSPC	DRT		
	0	perator Name a	nd Address				:	•	61	ID Number		
APACHE ENERGY 200 POST OAK	RESOU	RCES CORP	•							son for Filing C		
OU POST OAK HOUSTON, TX	77056-	4400	•				:	5 F1				
				<u></u> -	5 Pool Nam	10				1	• Pool	Code
⁴ API Number 300252171 <u>9</u>		GRAMA	RIDGE M	ORROV					<u></u>	77	7680	
Property Code		COVER	NMENT A		Property	Name				1	W	di No.
004860		GOVER										
Surface Location	n Townshi	Range	Lot.idn	Feet f	rom The	North/Sout	lh Line į	Feet From	i	East/West	Line	County
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or lot no. Section	Townshi	ip Range	LOC.KON	L GC								
Lee Code , ¹³ Producir	ng Method C	code ¹⁴ Gas Co	onnection Date	15	C-129 Permi	Number	16	C-129 Effectiv	e Dale	17	C-129	Expiration Date
Oil and Gas Tra					20 PO		21 O/G	<u>.</u>		22 POD U		ocation
18 Transporter OGRID		¹⁰ Transporter N and Addres	4	•							scriptio	
		IL COMPAN	r. Gent i	J.C.	2805	141	0					
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28 POD 2806901					²⁴ p	OD ULSTR I	Location 1					
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-Catal Labols	10/94	ver	2.0

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JUL U 5 1995 UCO HUDOG VAFFICE

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Submit 5 Conies Appropriate District Office DISTRICT I	1	En ergy , N			ew Mexico ural Resour	ces Departm	ent		Form C-104 Revised 1-1-89 See Instructions
P.O. Box 1980, Hobbe, NM 88240	(OLC			TION I	DIVISIO	N		at Bottom of Page
P.O. Drawer DD, Anesia, NM 88210 DISTRICT III		Sa			exico 875	04-2088			
1000 Rio Brazos Rd., Aziec, NM 87410	BEOI			OWAF		AUTHORI	ZATION		
I. Operator						TURAL G	AS	PI No.	<u> </u>
Hadson Energy Resou	rces Co	orporat	tion				~ ci /		25-21719
<u>P.O. Box 25956, Okl</u>	ahoma (<u>City, (</u>	<u> 56 731</u>	25-09		(0)			· ·
Reason(s) for Filing (Check proper box) New Well		Change in	Transport	er of:		er (Please expu	2171)		
Recompletion	Oil		Dry Gas						
Change in Operator If change of operator give name	•	d Gas				Por 267	70 0k1	ahoma City	OF 73126
and address of previous operator Had	son Per	troleur	m (USA), 1n	c., P.O.	BOX 207	70, 0KI	ahoma City,	UK 75120
II. DESCRIPTION OF WELL	AND LE		i Bool Nam	n includi	ng Formation		Kinde	of Lease	Lease No.
Government A		1			idge Mon	rrow	State,	Federal or Fee	SW-357
Location									
Unit LetterF	_ :1	650	_ Feet From	n The	<u>North</u> Lin	e and165	.0 Fe	et From The	WestLine
Section 10 Township	2 2	S	Range	34	E , N	MPM,		Lea	County
III. DESIGNATION OF TRAN	SPORTE	R OF O	IL AND	NATU	RAL GAS				
Name of Authorized Transporter of Oil		or Conden	sale	x	Address (Giv		••	copy of this form is	
Koch Oil Company	phead Gas		or Dry G		Address (Giv	e address to wi	uch approved	copy of this form is	
Llano, Inc. If well produces oil or liquids,	Unit	Sec.	Twp.	Rge.	+	y connected?	When	, NM 88240 ?	
give location of tanks.	<u> </u>	10	225	-					
If this production is commingled with that t IV. COMPLETION DATA	from any oth	er lease or	pool, give	commingi	ing order num	ber:			
Decience Time of Completion	~~~~	Oil Well	Ga	s Well	New Well	Workover	Deepen	Plug Back Same	Res'v Diff Res'v
Designate Type of Completion		pi. Ready to	p Prod.		Total Depth	1	<u> </u>	P.B.T.D.	
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Fo	omation		Top Oil/Gas	Pay		Tubing Depth	
Perforations								Depth Casing Shoe	3
- 			<u></u>						
HOLE SIZE	· -	SING & TL			CEMENTI	NG RECOR	D	SACK	S CEMENT
: 	; •• • • • • • • • • • • • • • • • • • •		<u> </u>					1 1	
V. TEST DATA AND REQUES OIL WELL (Test must be after r				and must	he equal to at	exceed top allo	wable for this	depth or be for full	24 hours.)
Date First New Oil Run To Tank	Date of Te		0, 1000 00			ethod (Flow, pu			
Length of Test	Tubing De				Casing Press	172		Choke Size	
Engin of Tex	Tubing Pre	csaure			Casing Lices				
Actual Prod. During Test	Oil - Bbls.				Water - Bbis.			Gas- MCF	
GAS WELL								l <u> </u>	
Actual Prod. Test - MCF/D	Length of	Test			Bbls. Conder	sate/MMCF		Gravity of Conden	stie
Testing Method (pitot, back pr.)	Tubing Pr	essure (Shut	t-in)		Casing Press	ure (Shut-in)		Choke Size	
• • • • • • • • • • • • • • • • • • •					 				
VI. OPERATOR CERTIFIC [hereby certify that the rules and regul				CE	(DIL CON	ISERVA	ATION DIV	ISION
Division have been complied with and is true and complete to the best of my l	that the info	rmation giv						12/18	1933
is a set the complete to the order of thy i					Date	Approve	d		
bruce E. Varking					Rv -	Kinna), M	ANKA BY I	2841-752.TON	
Signature Bruce E. Hankins	Engine	ering		<u>icia</u> n		¥\$719	ni i s Couria	<u>BRAL TENTON.</u> RUMIT	
Printed Name 04/06/93	(405)2	32-221	Title 2		Title				
Date	<u></u>	Tele	ephone No.		<u> </u>				

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.

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Son Hoans Press

Submit 5 Copies Appropriate District Office <u>DISTRICT I</u> P.O. Box 1980, Hobbs, NM 88240 <u>DISTRICT II</u> P.O. Drawer DD, Artesia, NM 88210	Energy, Minerals an OIL CONSE F	e of New Mexico nd Natural Resources Departmen RVATION DIVISION P.O. Box 2088	See Instruction at Bottom of Pa
DISTRICT III 1000 Rio Brazos Rd., Azzec, NM 87410)	ew Mexico 87504-2088 DWABLE AND AUTHORIZA	TION
I. Operator	TO TRANSPOR	T OIL AND NATURAL GAS	Well API No.
Hadson Petroleu	m (USA), Inc.		30-025-21719
Address			
P.O. Box 26770 Reason(s) for Filing (Check proper box)	Oklahoma City	, OK 73126 Other (Please explain)	
New Well	Change in Transporter	of:	
Recompletion	Oil Dry Gas		
Change in Operator	Casinghead Gas Condensate		
and address of previous operator			
II. DESCRIPTION OF WELI Lease Name	Well No. Pool Name	Including Formation	Kind of Lease Lease No.
Government A	1	ma Ridge Morrow	State, Federator Fee SW-35
Location	k		
Unit Letter F	:1650 Feet From '	The <u>North</u> Line and <u>1650</u>	Feet From The
Section 10 Towns	nip 22S Range	34E , NMPM,	Lea Cour
	· • · · · · • •	······································	
II. DESIGNATION OF TRA Name of Authorized Transporter of Oil	OF OIL AND N or Condensate RX	Address (Cline address as which	approved copy of this form is to be sent)
Koch Oil Company		P.O. Box 2256, Wi	
Name of Authonized Transporter of Casi	nghead Gas or Dry Gas		approved copy of this form is to be sent)
Llano, Inc.		921 W. Sanger	Hobbs, NM 88240
If well produces oil or liquids, jive location of tanks.	Unit Sec. Twp. F 10 225	Rge. Is gas actually connected? 34E Yes	MINEL :
Designate Type of Completion Date Spudded	Oil Well Gas V 1 - (X) Date Compl. Ready to Prod.	Well New Well Workover	Deepen Plug Back Same Res'v Diff R P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	, 		Depth Casing Shoe
		AND CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	· · · · · · · · · · · · · · · · · · ·	SACKS CEMENT
/. TEST DATA AND REQUE DIL WELL (Test must be after		d must be equal to an exceed too allows	ble for this depth or be for full 24 hours.)
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump,	
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	Bbis. Condensate/MMCF	Gravity of Condensate
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
I. OPERATOR CERTIFIC I hereby certify that the rules and regu	ilations of the Oil Conservation	OIL CONS	ERVATION DIVISION
Division have been complied with and is true and complete to the best of my		Date Approved)
Signature	>		e e en
Darrel Hardy Printed Name	ADM MGR		
6/4/92 Date	(405) 235-9531 Telephone No.		

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.
- Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Separate Form C-104 must be filed for each pool in multiply completed wells.

	s.*~	~	
Submit 5 Copies Appropriate District Office DISTRICT I		New Mexico atural Resources Department	Form C-104 Revised 1-1-89 See Instructions
P.O. Box 1980. Hobbs. NM 88240 DISTRICT II		ATION DIVISION	at Bottom of Page
P.O. Drawer DD, Artesia, NM 88210		Box 2088 Mexico 87504-2088	
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410			TION
I. Operator	TO TRANSPORT O	IL AND NATURAL GAS	Well API No.
Hadson Petroleum ((USA). Inc.		30-025-21719
Address		· · · · · · · · · · · · · · · · · · ·	
P.O. Box 26770 Reason(s) for Filing (Check proper box)	Okla. City, OK 731	Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	Oil Dry Gas		
Change in Operator	Casinghead Gas Condensate XX		
and address of previous operator			
II. DESCRIPTION OF WELI Lease Name	L AND LEASE Well No. (Pool Name, inclu	ding Formation	Kind of Lease No.
Government A		idge Morrow	State, (Federal tor Fee SW-
Location Unit LetterF	1650 Feet From The	North Line and 1650	Feet From The West Line
Section 10 Towns	222		
III. DESIGNATION OF TRA Name of Authonized Transporter of Oil	NSPORTER OF OIL AND NAT		approved copy of this form is to be sent i
Scurlock Permian Corp	poration	333 Clay, P.O. Box	x 4648 Houston, TX 77210
Name of Authonzed Transporter of Casi Llano, Inc.	inghead Gas or Dry Gas	Address (Give address to which a 921 W. Sanger	npproved copy of this form is to be sent) Hobbs, NM 88240
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge F 10 22S 341	e. Is gas actually connected?	When ?
If this production is commungled with the IV. COMPLETION DATA	at from any other lease or pool, give commin	gling order number:	
Designate Type of Completion	Oil Well Gas Well	New Well Workover D	Deepen Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.
Elevauons (DF. RKB, RT. GR. etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
		CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
· · · · · · · · · · · · · · · · · · ·			
V. TEST DATA AND REQUE OIL WELL (Test must be after	EST FOR ALLOWABLE recovery of total volume of load oil and mu	st be equal to or exceed top allowable	e for this depth or be for full 24 hours.
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump,)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbis.	Gas- MCF
GAS WELL Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Tesung Method (puol. back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
VI. OPERATOR CERTIFIC	CATE OF COMPLIANCE		
I hereby certify that the rules and regi Division have been complied with an	ulations of the Oil Conservation d that the information given above	OIL CONSE	ERVATION DIVISION JAN () 7 '92
is true and complete to the best of my	/ knowledge and belief.	Date Approved	
Aquilt-	<u>```</u>	D	
Signature Darrel Hardy	Manager of Administrati		
Printed Name	Title	1	
1/2/92	(405)235-9531		
Date	Telephone No.		

orm is to be filed in compliance with Rule 110

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.

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

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OL CONSERVATION DIVISION PO. 60: 208 Sama F: New Mesto \$7504-2083 Sama F: New Mesto \$7504-2084 Sama F: New Mest	Appropriate District Office DISTRICT 1			Revised 1-1-89 See Instructions
Sama Fe, New Mexico, 87504-2088 TO TRANSPORT OIL AND AUTHORIZATION L DUBLEST FOR ALLOWABLE AND AUTHORIZATION L DUBLEST FOR AUTHORIZATION L DUBLEST L DUB	DISTRICT II			at Bottom of Lafe
Direct ALL Ander: NN FPMID REGULEST FOR ALLOWABLE AND AUTHORIZATION 1 TO TRANSPORT OLL AND NATURAL GAS Uprime Well AND NATURAL GAS Vertice 39-025-21719 Anders P. O. Box 26770 OL Box 26770 Oklas. 0112, 00K New Vall Obset (Fragment State) Recomption Charge in Transport of L. Recomption Obset (Fragment State) Conget in Openic or State) Obset (Fragment State) Recomption Compared Gas Conget in Openic or State) Distribution Bit State State of Compared State) Conget in Openic or State) Distribution Conget in Openic or State) State of Compared State) Conget in Openic or State) State of Compared State) Conget in Openic or State) State of Compared State) Conget in Openic or State) State of Compared State) Laboration Townson (In Authorst Transport of L. Conget in Openic or State) State of Compared State) Conget in Openic or State) Or State) Conget in Openin State) Openic State) <td></td> <td>Santa Fe, New</td> <td>Mexico 87504-2088</td> <td></td>		Santa Fe, New	Mexico 87504-2088	
Uperator Weil API No. Address PL. D. 505 26770 Oklas. City, OK 73126 Address P. D. 505 26770 Oklas. City, OK 73126 Reasons in Filing Excerceptor fox	1000 Rio Brazos Rd., Aztec, NM 8741	REQUEST FOR ALLOW		TION
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Execute for Thing Clock request bail		Okla. City, OK	73126	
Change is opened or provide and an end of provide opened	Reason(s) for Filing (Check proper box)	Other (Piease explain)	
If analysis of openator yet along and dather of process operator II. DESCRIPTION OF WELL AND LEASE Lase None Groverroment A Well No. Prod Name, Locadas Formance Well No. Prod Name, Locadas Formance Sectors 10 Knd of Lase Lase No Groverroment A Will No. Prod Name, Locadas Formance Use Lase Nume Not the Lase and Sectors 10 Lase No State Composition Fee Sectors 10 Lase No Main Lear F 1650 Fee From The North Lase and Sectors 10 Less Common Common Lase Common Common Lase No Main Editary Composition Composite Composition Composition Composition Composition Comp	· · · ·			
Desk data of provide openitor In DESCRIPTION OF WELL AND LEASE Laws Nome (overrisen t (f) Gramma Ridge Morrow State Composition State C		Casinghead Gas Condensate XX	<u> </u>	
Lase Name Well No. Proc Nome, Including Formation Not of Lase Na. Exact Name State Control State Control State Name Government A Ø1 Grama Ridge Morrow State Control State Control State Control State Name Utal Letter F 1650 Fee From The North Lase and 1650 Fee From The West Line Section 10 Townshipp 225 Range 36E MMM Leta Courty Utal Letter F 1650 real From The North Lase and 1650 Fee From The North Lase Name Courty Utal Letter F 1650 or Context XX Address (in met address to which approved copy of Na (orn us to the real) 700 West produce of the letter 10 (225) 34E Yees				
Government A #1 Grama Ridge Morrow Saucesembor Fee SU-357 Locators Use Letter F 1650 Feel From The North Lase and 1650 Feel From The West Late Secon 10 Township 225 Range 34E MMPM Lett County Mine State Free Color County <				
Locator Feet From The North Lose and 1650 Feet From The West Line Sector 10 Township 22S Range 34E				
Section 10 Torwinging 225 Hange 34E NMPM Lea County HIL DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS or Condensus XX Address Grow address to which approved copy of the form at to be steel. 2000 Classes 0.01 (1990)			~	
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Nume of Aubonized Transport of Oil or Condensite Eve Address (Give adaress to which approved copy of his (own at to be steet) Mustang Fuel Corporation 2000 Classen Center 800 E 0 Alls. City, 0K 73106 Name of Aubonized Transport of Campbead Gas or Dry Gas (XK / Address (Give adaress to which approved copy of his (own at to be steet) Linano, Inc. (Well Classen Center) Nome of Aubonized Transport of Campbead Gas (Well produce on Figuadi. User, Issee (Terry) Nome of Paulo (22S) (Well produce on Figuadi. (Well Classen Center) Where 7 (Well produce on Figuadi. (Well Classen Center) Where 7 (Well produce on Figuadi. (Well Classen Center) Where 7 (Well Classen Center) (Well Classen Center) Where 7 (Well Classen Center) (Well Classen Center) (Well Classen Center) (Well Classen Center) (Well Classen Center) (Well Classen Center) (Well Classen Center) (Well Classen Center) (Well Classen Center) (Well Classen Center) (Well Classen Center) (Well Classen Center) (Well Classen Center) (Well Classen Center) (Well Classen Center) (Well Classen Center) (Well Classen Center) (Well Classen Center)	Section 10 Town	ship 22S Range 3	34E , NMPM ,	Lea County
Name of Authonad Transporter of Casingless Gas or Dry Gas XX inddress for whice approach cay of the form is to be seei. Llathor, Inc. Llathor, Inc. iveling obtaiced or ingluids. Iveling obtaiced or ingluids. Weil moduce or ingluids. Wei				approved copy of this form is to be sent)
Llano, Inc. 921 W. Sanger Hobbs, NM 88240 if well modeled or request. Util: Sec. Twp Ref. His gas adtually connected: When ? if well modeled or request. P 10 225 34E Yes If this production is communiquing other sumber:	Mustang Fuel Corp	oration	2000 Classen Cent	er 800 E Okla. City, OK 73106
In which bases are injunct. Ubit Sac. Top Rgs: It is past actually connected? When ? I've braudow of usas. Ubit Sac. Top 34E Yes Yes I've braudow of usas. Ubit Tom any other lass of pool, give commingling onder number: When ? I've completion - (X) Out Well Gas Well New Weil Workover Deepen Plug Back Isame Resv Diff Resv Date Spanded Date Completion - (X) Out Well Gas Well New Weil Workover Deepen Plug Back Isame Resv Diff Resv Date Spanded Date Completion - (X) Date Completion - (X) Total Depth P.B.T.D. Date Spanded Date Completion - (X) Name of Producing Formation Top Ol/Gas Pay Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD Depth Casing Shoe Y. TEST DATA AND REQUEST FOR ALLOWABLE Other must be due for energy of load volume of load of and must be equal to or exceed top alloweble for this depth or be for full 24 hours : Date First New OI Rue To Taak Date of Test Producing Method file. Choke Size Coll Well Orer must be due for fool Oni - B	-	inghead Gas or Dry Gas		
IV. COMPLETION DATA Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Resv Diff Resv Date Speaded Date Compl. Ready to Producing Formation Total Depth P.B.T.D. Elevations (DF, RKB, RT, GR. etc., IName of Producing Formation Top OUGas Pay Tubing Depth Perforations Depth Casing Shoe Depth Casing Shoe Depth Casing Shoe Y. TEST DATA AND REQUEST FOR ALLOWABLE DEEDIL WELL Gas mail to after recorry of total volume of load oil and must be equal to or exceed ton allowable for this depth or be for full 24 hours: Dut WELL Gast Mark is after recorry of total volume of load oil and must be equal to or exceed ton allowable for this depth or be for full 24 hours: Dute first New Oil Run To Tak Date first New Oil Run To Tak Date of Tes Producing Method (Flow, pump, gas lift, etc.) Langth of Tes Tubing Pressure Casing Pressure Choke Size GAS WELL Cast MCF Gast-MCF Gast-MCF Actual Prod. Test - MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate VI. OPERATOR CERTIFICATE OF COMPLIANCE Introduce store of the time and regulations of the Oil Conservation Division have bese of mv thowidege and belief OIL CONSERVA	If well produces oil or liquids,		ge. is gas actually connected?	
Designate Type of Completion - (X) Oil Weil Gas Weil New Well Workover Deepen Plug Back Same Resv Diff Resv Date Spadded Date Compl. Rady to Prod. Total Depth P.B.T.D. P.B.T.D. Elevations (DF. RKB. RT. GR. etc., IName of Producing Formation Top Oil/Gas Pav Tubing Depth Ferforations Depth Casing Shoe TUBING. CASING AND CEMENTING RECORD Depth Casing Shoe HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE Diff Res recovery of load volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours i Date First New Oil Run To Tank Date of Tes Producing 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 VI. OPERATOR CERTIFICATE OF COMPLIANCE It buing Pressure (Shut-th) Casing Pressure (Shut-th) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE Date Approved US V. V. US V. V. US V. V. US V.		at from any other lease or pool, give commi	ngling order number:	
Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Tubing Depth P.B.T.D. Tubing Depth Perforences 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 alloweble for this denth or be for full 24 hours.) Date First New Oil Run To Tank Date of Test Tubing Pressure Casing Pressure Chicke Size CASING A TUBING. CASING AMD CEMENTING RECORD Length of Test Tubing Pressure Casing Pressure Chicke Size Chi	IV. COMPLETION DATA	Oit Wall Cas Wall	New Well Workover	Deenen Plug Back Same Res'y Diff Res'y
Elevauons (DF, RKB, RT, GR, etc., ::Name of Producing Formation Top OU/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 Rup To Tank i Date of Test Producing Method (Flow, pump, gas lift, etc.) Length of Test Tubing Pressure Casing Pressure Choke Size GAS WELL Actual Prod. During Test Oil - Bbis. Water - Bbis Gas-MCF GAS WELL Actual Prod. Test MCF/D Length of Test Bbis. Condensate/MMCF Gravity of Condensate VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby centry that the nues and regulations of the Oil Conservation Division have bear completed with add that in domain any and the sale of a conservation Division have bear completed with add the Individuation of the Oil Conservation Division have bear completed with add that the another and the Test and regulations of the Oil Conservation Division have bear completed with add that the another another and the Test and regulations of the Oil Conservation Division have bear completed with add that the another another another and the Test and regulations of the Oil Conservation Division have bear completed with add that the another	Designate Type of Completic	n - (X)		
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Signature Darrel Hardy Manager of Administration Printed Name Title 12/16/91 (405)235-9531				1991
Signature Darrel Hardy Manager of Administration Printed Name Title 12/16/91 (405)235-9531			Date Approved	UEU & 3 199
Darrel Hardy Manager of Administration Printed Name Title 12/16/91 (405)235-9531	Lamill L-			
Darrel Hardy Manager of Administration Printed Name Title 12/16/91 (405)235-9531			By	· · · · · · · · · · · · · · · · · · ·
	Darrel Hardy		OII	
			Title	an and the second s
		Telephone No.		

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 J P.O. Box 1980, Hobbs, NM 88240	ergy, Minerals and Nat	ew México ural Rescurces Departm	Form C-104 Revised 1-1-89 See Instructions
DISTRICT 1 P.O. Drawer DD, Artesia, NM 88210	P.O. B	TION DIVISION	at Bottom of Page
DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410		exico 87504-2088	
I. Operator	REQUEST FOR ALLOWAE TO TRANSPORT OIL	AND NATURAL GAS	
Hadson Petroleum	(USA) Inc.		Well API No.
921 W. Sanger	Hobbs. NM 88240		
Reason(s) for Filing (Check proper box) New Well Recompletion Change in Operator If change of operator give name	Change in Transporter of: Oil Dry Cas Casinghead Gas Coodensate	(X) Other (Please applain) Additional Transp	porter of Condensate
and address of previous operator			
Lease Name Government A Location	Well No. Pool Name, Includi	ing Formation dge Morrow	Kind of Lease Lease No. State, federal or Fee SW-357
Unit Letter F : 1650 Feet From The NORTH Line and 1650 Feet From The WEST Line			
Section 10 Township 22 S Range 34E, NMPM, LEA County			
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTER OF OIL AND NATU		pproved copy of this form is to be sens)
R & K Oil Company Name of Authonized Transporter of Casing	Inc.	P.O. Box 1229	Andrews, Tx 79714
Llano, Inc.	ghead Gas or Dry Gas X	Address (Give address to which a 921 W. Sanger	pproved copy of this form is to be sent) HObbs, NM 88240
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. F 10 22S 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 Cas Well	New Well Workover D	cepen Plug Back Same Res'v Diff Res'v
Date Speeded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Cas Pay	Tubing Depth
Perforations	1	<u>I</u>	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 of Tes	Producing Method (Flow, pump, g	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Waler - Bbls	Cas MCF
GAS WELL Actual Prod. Test - MCF/D		1	
	Length of Test	Bbls. Condensate MMCF	Gravity of Condensate
Testing Method (pilol, back pr.)	Tuding Pressure (Shut-In)	Casing Pressure (Shut-in)	Chole 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		OIL CONSERVATION DIVISION	
is true and complete to the best of my knowledge and belief.		Date Approved APR 2 4 1991	
Signature		Orig. Signed by By Paul Kantz	
Steve Pfaff Su Printed Name	pervisor-Contract Admin	Ge	ologist
4/23/91 (5)	Tide 05) 393-2153	Title	
Date	Telephone No.		
	n is to be filed in compliance with 1		

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1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

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 Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
 Sep rate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

APR 2 3 1991

o**ge** Hosas **office**