District I PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico
Energy, Minerals & Natural Resources Department

District []

\$11 South First, Artesia, NM \$8210

OIL CONSERVATION DIVISION

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

Date

District III 1000 Rio Brazo	s Rd., Azte	c, NM 87410	2040 South Pacheco Santa Fe, NM 87505							•		5 Copie	
District IV				Jan	ita I C,	14141 07	303				AME	NDED REPOR	
I.		REQUEST	FÜR A	LLOWAI	BLE AI	ND AI	JTHOR	IZAT	ION TO T	RANSI	PORT		
I. REQUEST FOR ALLOWABLE AT											OGRID Number		
GLADSTONE RESOURCES, INC.										037139			
c/o OIL REPORTS & GAS SERVICES, INC. P. O. BOX 755											3 Reason for Filing Code		
HOBBS, NEW MEXICO 88241							CC PRI				PECMINE 07/01/00		
									CGE	CG EFFECTIVE 07/01/98			
30 - 025-22245			EUMONT Y-SR-QU						22800				
[†] Property Code			Property Name						* Well Number				
014890			McGARRITY									1	
		Location											
Ul or lot no. Section		Township Range		Lot.Idn Feet from		n the North/South Line		Feet from the	East/W	East/West line Count			
· · · · · · · · · · · · · · · · · · ·		20S				O SOUTH			2310 WEST LEA			LEA	
		Hole Loca	_		,	_	,						
UL or hot no.	Section	Township	Range	Lot Idn Feet from				Feet from the	East/W	1	County		
N 12 Lise Code	6 December	20S	38E	Connection Da	660	140.7	SOUT		2310	WES		LEA	
P	Froduc	P	1	12/92	14	:-129 Perm	it Number	'	C-129 Effective	Date	" C-1	29 Expiration Date	
	nd Gas			12/92					· · · · · · · · · · · · · · · · · · ·				
II. Oil and Gas Transporter			CIS Fransporter h	30 POD 31 O/G			H POD UI COD						
OGRID		and Address				POB O/G			DOD ULSTR Location and Description				
020445		SCURLOCK PERMIAN P. O. BOX 1183				2450110							
		HOUSTON, TX 77001				2458110 O							
COLD TO LOCATION NO. 10. 10. 1	I	YNEGY MI	DSTREAM	SERVICE	ES,								
			ITED PARTNERSHIP O LOUISANA, SUITE 5800				2458130 G						
	tent I	OUSTON,	TX 7700	2-5050	,,								
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100								E4026					
883	2000 C					2000							
Kil aya	(Ann 11)												
		·											
	iced Wa	ater											
- 1	COD					POD UL	STR Locat	ion and D	escription				
7 317-11 6						 -							
Well Completion Data Spud Date Ready Date													
31 Hole Size		* Ready Date		" TD		= PBTD		* Perforations		» DHC, DC,MC			
				asing & Tubin	using & Tubing Size								
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·				-	·								
77 337 33			· · · · · · · · · · · · · · · · · · ·										
I. Well Date No													
Date M	W OL	³⁶ Gas Delivery Date		²⁷ Test Date		3 Test Length		gth	" Tog. Pro	esure	re		
41 Choke	Size	4 Oil		A) 1) .									
		- 01		4 Water		" Gas		4 AOF			* Test Method		
" I hereby certif	y that the ru	les of the Oil Co	nservation Di-	vision have ha-	n comelie d	<u> </u>						·	
MICH SOND CHEEK CUC	intormation	given above is t	rue and comp	lete to the best	of my		OI	L CON	NSERVATI	'ע אט	IVICI	ON	
knowledge and belief. Signature:							OIL CONSERVATION DIVISION						
Printed name:							Approved by:						
GAYE HEARD Title:							Title:						
AGENT							Approval Date;						
	/05/98		Phone: (5	05) 393-	2727								
□ If this is a ch	ange of ope	rator fill in the	OGRID aum	ber and name	of the prev	ious opera	tor						
*	Previous O	Derstor Ci											
Previous Operator Signature							Name		Title Date				

New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHEUN 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. $\label{eq:proposed} :$

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
- 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) request for test allowable (include virequested)

 If for any other reason write that reason in this box.

- The API number of this well 4
- 5 The name of the pool for this completion
- The paol code for this pool 6
- 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.
- The bottom hole location of this completion
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla
 N Navajo
 U Ute Mountain Ute 12.

 - Other Indian Tribe
- The producing method code from the following table: F Flowing Pumping or other artificial lift 13.
- MO/DA/YR that this completion was first connected to a 14. gas transporter
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C 129 approval for this 17.
- 18. The gas or oil transporter's OGRID number
- 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 an number the district office will assign a number and write is hard. 23. number and write it here.
- 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 24 (Example: 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
- Top and bottom perforation in this completion or casing shoe and TD if openhole
- 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
- 33. Depth of casing and tubing. If a casing liner show top and
- 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.

- MO/DA/YR that new oil was first produced
- 36. MO/DA/YR that gas was first produced into a pipeline
- 37. MO/DA/YR that the following test was completed
- 38. Length in hours of the test
- 39. Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 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
- MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- The method used to test the well:
 F Flowing
 P Pumping
 S Swabbing 46.

 - 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.