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

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 Revised February 21, 1994

PO Drawer DD, Artesia, NM 88211-0719 District III

OIL CONSERVATION DIVISION

Instructions on back Submit to Appropriate District Office

1000 Rio Brazo	Rd., Aztec	NM 87410			Fe, NN		4-2088					5 Сори	
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Tide: Engineering Assistant						Approval Date: APR 2 6 1996							
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## District I PO Box 1988, Bobbs, NM 88241-1988

District II

20 Drawer DD, Artenia, NM 88211-6719

1000 Rio I

District III District IV

OIL CONSERVATION DIVISION PO Box 2088

State of New Mexico

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

Brazos Rd., Aztoc, NM \$7410	Santa Fe, NM 87504-2088

No Res 2006, Seas Pr., NM FIRST-STATE  REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT  Operater takes and Address  SAID ENERGY OF TEXAS, INCORPORATED 1603 S.E. 19th STREET, SUITE 202  EDMOND, NO. 73013  1	District IV	. =			Santa I	C, 11111	0750-	r-2000				AMENDED REPORT		
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Printed name: READTHY T. RATZUNG:  Title: PRESIDENT Approval Date: DEC 08 1995  Date: Q-29-95 Phone: 405-340-3600  # If this is a change of operator fill in the OGRID number and name of the previous operator  OGRID # 015025 Long Mullen Reg. Affairs Specialist 7-17-95  Previous Operator Signature Printed Name Title Date	B		OF RIVER SOOVE	is true and com	ipiete to the oest	t or my								
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Title: PRESIDENT  Date: Q-29-95 Phone: 405-340-3600  # If this is a change of operator fill in the OGRID number and name of the previous operator  OGRID # 015025 Congress William George Mullen Reg. Affairs Specialist 7-17-95  Previous Operator Signature Printed Name Title Date	Printed name:	Ber	With 4	T. KAT	SUNG		Title:							
Date: Q-79-95 Phone: 405-340-3600  "If this is a change of operator fill in the OGRID number and name of the previous operator  OGRID # 015025 Store Wille George Mullen Reg. Affairs Specialist 7-17-95  Previous Operator Signature Printed Name Title Date	Tide							Approval Date: DEC 08 1995						
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• •	OGRI			eorgi (	) Mulle	<u> </u>			Rec	g. Affairs				
	Mitc		•		n, P.O.	Box 400			dland	s, Texas				

## IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole bar

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.

- 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. 2.
- 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 Change gas transporter Request for test allowable (Include volume

RT Request for test allowable (include vorequested)

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
- The property code for this completion
- The property name (well name) for this completion 8.
- 9. The well number for this completion
- The surface location of this completion NOTE: 10. 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.
- 11. The bottom hole location of this completion
- Lease code from the following table:
  F Federal
  S State
  P Fee
  J Jicarilla 12.

Navajo Ute Mountain Ute Other Indian Tribe

13.

The producing method code from the following table:

- Pumping or other artificial lift MO/DA/YR that this completion was first connected to a gas transporter 14.
- 35.
- The permit number from the District approved C-129 for this completion
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17. completion
- 18 The gas or oil transporter's OGRID number
- 19 Name and address of the transporter of the product
- The number assigned to the POD from which this product will be manaported 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:
  - Oil Gas

- 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 POO number of the storage from which water is moved from the property. If this is a new well or recompletion and this POO has no number the district office will assign a number and write it here. 23.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Batter, A Water Tank", "Jones CPD Water 24 (Example: 'Tank'',etc.)
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce
- Total vertical depth of the well
- Plugback vertical depth 28.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29,
- 30. Inside diameter of the well bore
- Outside diameter of the casing and tubing 31
- Depth of casing and tubing. If a casing liner show top and
- Number of sacks of cement used per casing string 33.

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
- 35. MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed 36.
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- 39. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 40 Diameter of the choke used in the test
- Barrels of oil produced during the test
- Barrels of water produced during the test 42.
- MCF of gas produced during the test 43,
- 44. Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well:

lowing

Pumping Swabbing

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 46.
- 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 47.

