District I

I.

PO Box 1980, Hobbs, NM 88241-1980

District II

811 South First, Artesia, NM 88210

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

State of New Mexico
Etter gy, Minerals & Natural Resources Department

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

AMENDED REPORT

2040 South Pacheco, Santa Fe, NM 87505 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

•	ator name and Address PERATING CORPORATION	² OGRID Number 012444		
P Andr	³ Reason for Filing Code CPOD EFFECTIVE 11-10-98			
⁴ API Number 30 - 025 - 29499	⁵ Pool Name SAN SIMON YATES	6 Pool Code 53770		
⁷ Property Code 18405	⁸ Property Name SAN SIMON STATE	⁹ Well Number 2		
· · · · · · · · · · · · · · · · · · ·	SAN SIMON STATE	2		

[Ul or lot no.	Section	Township	Range	Lot.ldn	Feet from the	North/South Line	Feet from the	East/West line	County
	F	4	22-S	35-E		1650	NORTH	1650	WEST	LEA

11 Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line		line Feet from the		line	County	
									<u> </u>			
12 Lse Code	13 Producin	g Method Code	14 Gas Connection Date		15 C-129 Permi	t Number	16	C-129 Effective Da	ate	17 C-1	29 Expiration Date	
S		P P		NA					İ			
l l	1		1		j	1	•			1		

III. Oil and Gas Transporters

18 Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	21 O/G	22 POD ULSTR Location and Description
015694	NAVAJO REFINING COMPANY	2584910	0	NW/4 NW/4 SEC. 4 - T-22-S - R-35-E
	P.O. BOX 159, ARTESIA NM 88210			

IV. Produced Water

¹³ POD	24 POD ULSTR Location and Description
2584950	NW/4 NW/4 SEC. 4 - T-22-S - R-35-E

V. Well Completion Data

25 Spud Date	26 Read	ly Date	" TD	²* PBTD	¹⁹ Perforations	³⁰ DHC, DC,MC
31 Hole Size		32 Casing 8	Tubing Size	33 Depth Set		³⁴ Sacks Cement
	•,.					

VI. Well Test Data

Previous Operator Signature

36 Gas Delivery D		37 Test Date	38 Test Length	39 Tbg. Pressure	40 Csg. Pressure				
41 Choke Size	⁴² Oil	⁴³ Water	" Gas	⁴⁵ AOF	" Test Method				
	s of the Oil Conservation Division iven above is true and complete ton	to the best of my		DNSERVATION DI IGINAL SIGNED BY GARY WINK FIELD REP. II	VISION				
Title: President			Approval Date: NEG 0 4 1998						
Date: November 12, 1998	Phone: 915-6	24-6400							

Printed Name

Title

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

State of New Mexico

Form C-104

District III 1000 Rio Brazos District IV	os Rd., Aztec	ec, NM 87410		OIL CONS 204	SERVA 40 Sout	ATION I	DIVIS eco		Subrr	Submit to Appro	In: ppropri	October 18, 199- istructions on back iate District Offic 5 Copie ENDED REPORT
2040 South Pack I.			T FOR A			ND AU	JTHOI	RIZAT	TON TO TE	– ≀ANSI		
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			14-02/6		·			الآ	CH Ef			
			SAN	SIMON Y		⁵ Pool Name	e				• 1	Pool Code
'Pro	roperty Code				s P		ıme			+-		Vell Number
				SAN SIM	ON STA	ATE						
Ul or lot no.				Lot.Idn	Feet from	m the	North/S	South Line	Feet from the	East/W	est line	County
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UL or lot no.				T at Idn	Fred fre	4k.a	T =1 _4b/					
	J	I U W terring	Range	LOC 10m	For no.	m the	North/S	outh line	Feet from the	East/We	est line	County
12 Lse Code	13 Produci		rde 14 Gas (ite 15 (C-129 Permi	it Number	F 1"	" C-129 Effective I	Date	17 C-1	129 Expiration Date
	-d Gas			NA NA]	<u></u>	
Transport	rter		Transporter N			20 POI	D	11 O/G	7	IU QOP II	err L	
			and Address	£\$	-+					and De		
OTSO'	1		Artesia	a, NM	y				F 4-225-	-35E 		
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						40.0	ale reports of the St		1			
-									ĺ			
V. Produ	iced Wa	iter										
			F 4-21	29-35E		دانا POD U	TR Locat	tion and D	escription			
V. Well C	Completi			.5-3-2								
			eady Date		²⁷ TD		n PB	TD	29 Perforat	ions	<u>x</u>	HC, DC,MC
3'	31 Hole Size		³² C	'asing & Tubin	a Size		3.	n-sh Se				
					<u> </u>	+		Depui oc.			M Sacks	s Cement
π Well r	Tact Da		· .									
			livery Date	л Tes	at Date		* Test Le	h	» The Pr			
" OL-10							**		" 10g	Mure		** Csg. Pressure
				,			4 Gas	F Capt	4 AOF	,	+	" Test Method
with shift nist file i	: information [es of the Oil Co given above is	inservation Div	rision have been dete to the best c	complied of my		OJ	יי רחו	Tr. V (Lateral)	~~ D	- 1101	
cnowledge and be	eliet.	\V	/ , (. •	,	Approved	٠,	•)N 1	[VISI	ON
Printed name:	o nai	Yolton	<u></u>			┦	Бу	Mitaria.			· · · · · · · · · · · · · · · · · · ·	
itle:			1				Date:					
Date: June 1	13, 199	96	Phone: 91	5-524-64	400	· · ·			HEU 1996	<u>j</u>		
			OGRID numi	nber and name	of the prev	rious offerat	or _,					
ADVAN	Previous Of	WNHOLE . perator Signatur	INC 124	476 L	JAME.	Printed	Name -		JOE PETERS	ON RI	RES.	6-1-96



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

State of New Mexico

Form C-104

Date

Revised February 10, 1994 District II Instructions on back NO Drawer DD, Artesia, NM 88211-0719 Submit to Appropriate District Office OIL CONSERVATION DIVISION District III PO Box 2088 Santa Fe, NM 87504-2088 5 Copies 1000 Rio Brazos Rd., Aztec, NM 87410 District IV AMENDED REPORT PO Box 2088, Santa Fe, NM 87504-2088 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator name and Address ² OGRID Number ADVANCED DOWNHOLE, INC. 124476 P.O. BOX 5509 Reason for Filing Code M.CO HOBBS, N.M. 88241-5509 API Number Pool Name Pool Code 30 - 025-29499 SAN SIMON YATES 53770 ⁷ Property Code ' Well Number 1 Property Name SAN SIMON STATE 2 57 10 Surface Location Ul or lot no. Township Range Lot.ldn Feet from the North/South Line Feet from the East/West line County 1650 F 22-S 35-E 1650 North West Lea 11 Bottom Hole Location UL or lot no. Section Township Lot Idn Feet from the North/South line Feet from the D Producing Method Code 12 Lac Code 14 Gas Connection Date 14 C-129 Permit Number " C-129 Effective Date 17 C-129 Expiration Date ---III. Oil and Gas Transporters Transporter " POD 23 O/G 12 POD ULSTR Location and Address OCRID and Description 021822 SUN 24596 I D 0 009171 GPM 245963*0* G Produced Water 24 POD ULSTR Location and Description Well Completion Data 3 Spud Date 24 Ready Date מד יי " PBTD 1º Perforations 4163' 4153' 3858-4033 11-18-85 * Hole Size 11 Casing & Tubing Size ¹³ Sacks Cement 11 Depth Set 8 5/8 24# 350 250 circ. to surf. 12½ 15.5# 4163 850 circ. to surf. 5 1/2 7 7/8 VI. Well Test Data M Date New Oil " Gas Delivery Date " Test Date " Cag. Pressure " Test Length " Tog. Pressure 30 30 2-19-96 2-27-96 30 days " Oil " Test Method " Choke Size 4 Water " Gas " AOF 10 18.08

44 I hereby certify that the rules of the Oil Conservation Division have been complied OIL CONSERVATION DIVISION with and that the information given above is true and complete to the best of my אסדגב ער פרע מי מינים אור מינים אורים א Signature: Approved by: larree JOE D. PETERSON APR 19 1996 Title: Approval Date: PRESIDENT Phone: (505)393-0969 Date: " If this is a change of the see fill in the OGRID number and name of the all the ENTERSA

Printed Nam

Previous Operator Signature

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

State of New Mexico rgy, Minerals and Natural Resources Depart.

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 III 1000 Rio Brazos Rd., Aztec, NM 87410

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION

r					TURAL GA	S			
Operator (L	n C .				, 01 17 CL C/	Well A			
Tempo Energy/1	Change in Transporter of Oil S Dry Gas Casinghead Gas Condensate Dry Gas Casinghead Gas Condensate Condensate Casinghead Gas Condensate Casing From the South State Stat	499							
Address									
P.O. Box 5509	Hobbs.	<u>New Me</u>	<u>xico 88</u>		or (Planes cont-	in)			
Reason(s) for Filing (Check proper box		Change in Tr	ancounter of		н (r tease expu	un)			
New Well Recompletion	•								
Change in Operator		·	_						
f change of operator give name									
nd address of previous operator				-			,		
I. DESCRIPTION OF WEL	L AND LEA	SE		¥5		Vinde	of Leans		ease No.
Lease Name San Simon Stat					3	1	/	_	
Location	,6	2	Dail Dillio	11 14 001		l			
Unit Letter	: <u>16</u>	50 F	eet From The N	lorth Lin	e and <u>165</u> 0	0 Fe	et From The _	South	Line
Section 4 Town	ship 22	S R	ange 35 E	, N	√PM,		Lea		County
TI DESIGNATION OF TD	NCDODTE'	P OF OIL	AND NATII	RAL GAS					
Name of Authorized Transporter of Oil	1			Address (Giv	e address to wh	iich approved	copy of this for	m is to be se	ent)
		Truc	k L						
Name of Authorized Transporter of Ca	singhead Gas	Z _{DAA} or	Dry Gas	Address (Giv	e address to wh	iich approved	copy of this for	m is to be se	ent)
Phillips 667									
If well produces oil of liquids, give location of tanks.			•	1 -		l when	2/86		
				· ·		1	1		
IV. COMPLETION DATA	at non any our	cr rease or po	or, give containing	ang older man					
Designate Type of Completic	on - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded		ol. Ready to P	rod.	Total Depth		 	P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of P	roducing Form	nation	Top Oil/Gas	Pay		Tubing Depth	I	
Perforations						·····	Depth Casing	Shoe	
	7	UBING, C	CASING AND	CEMENTI					
HOLE SIZE	CA:	SING & TUB	ING SIZE		DEPTH SET		<u> </u>	ACKS CEM	ENI
		<u></u>							
V. TEST DATA AND REQU	JEST FOR A	LLOWA	BLE						
			load oil and mus	be equal to o	r exceed top allo	owable for th	is depth or be for	or full 24 ho	urs.)
Date First New Oil Run To Tank	Date of Te	st		Producing M	.euroa (<i>Flow</i> , pi	ump, gas iyi,	eic.)		
Length of Test	Tuhing Pro	ecume		Casing Press	ure		Choke Size		
Lengui or rest	Tuoing Tie	asare .							
Actual Prod. During Test	Oil - Bbls.			Water - Bbls			Gas- MCF		
CACWELL			, , , , , , , , , , , , , , , , , , , ,	<u> </u>					
GAS WELL Actual Prod. Test - MCF/D	Length of	Test		Bbls. Conde	nsate/MMCF		Gravity of C	ondensate	
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,									
Testing Method (pitot, back pr.)	Tubing Pro	essure (Shut-i	n)	Casing Pres	sure (Shut-in)		Choke Size		
VI ODED ATOD CERTIFIE	TCATE OF	COMP	IANCE	1					
					OIL COI	USERV	ATION I	אטועונ	NC
Division have been complied with	and that the info	rmation giver					Dinas		
is true and complete to the best of	my knowledge a	nd belief.		Dat	e Approve	ed	4713111 6	*	
Draw Hill	_					_			
Signature				∥ By_		*:		,	
Joe D. Peterso	on								
Printed Name	50 ° 200		Title	Title	}				
8-1-90 Date	<u> </u>	Telep	hone 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.