

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

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  
Submit to Appropriate District Office  
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address CACTUS OPERATING COMPANY, LLC 1907 W. JEFFERSON AVENUE LOVINGTON, NM 88260		<sup>2</sup> OGRID Number 186820
		<sup>3</sup> Reason for Filing Code CH, CO 3/8/00
<sup>4</sup> API Number 30-025-29758-0000	<sup>5</sup> Pool Name SAN SIMON YATES	<sup>6</sup> Pool Code 53770
<sup>7</sup> Property Code 01865925723	<sup>8</sup> Property Name SAN SIMON STATE	<sup>9</sup> Well Number 5

II. <sup>10</sup> Surface Location

UL or lot no. J	Section 4	Township 22S	Range 3SE	Lot Idn	Feet from the 1650' FSL	North/South Line SOUTH	Feet from the 2310'	East/West line EAST	County LEA
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<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
<sup>12</sup> Lee Code S	<sup>13</sup> Producing Method Code Shut-In	<sup>14</sup> Gas Connection Date	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 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
012426	MACLASKEY OILFIELD SVCS. P.O. Box 580 HOBBS, NM 88241	2460010	0	
		2460030	6	

IV. Produced Water

<sup>23</sup> POD 2460050	<sup>24</sup> POD ULSTR Location and Description
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V. Well Completion Data

<sup>25</sup> Spud Date	<sup>26</sup> Ready Date	<sup>27</sup> TD	<sup>28</sup> PBD	<sup>29</sup> Perforations	<sup>30</sup> DHC, DC, MC
<sup>31</sup> Hole Size	<sup>32</sup> Casing & Tubing Size	<sup>33</sup> Depth Set	<sup>34</sup> Sacks Cement		

VI. Well Test Data

<sup>35</sup> Date New Oil	<sup>36</sup> Gas Delivery Date	<sup>37</sup> Test Date	<sup>38</sup> Test Length	<sup>39</sup> Tbg. Pressure	<sup>40</sup> Csg. Pressure
<sup>41</sup> Choke Size	<sup>42</sup> Oil	<sup>43</sup> Water	<sup>44</sup> Gas	<sup>45</sup> AOF	<sup>46</sup> 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: William V. Palmer

Printed name: WILLIAM V. PALMER

Title: PRESIDENT

Date: 4/17/00

Phone: 505.396.7560

OIL CONSERVATION DIVISION

Approved by:

Title:

Approval Date:

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

Previous Operator Signature

Printed Name

Title

Date

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

District II

PO Drawer DD, Artesia, NM 88211-0719

District III

1000 Rio Brazos 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 ADVANCED DOWNHOLE, INC. P.O. BOX 5509 HOBBS, NEW MEXICO 88241		OGRID Number 124476
		Reason for Filing Code RT, CO, CH 6/1/96
API Number 30-025-29758	Pool Name SAN SIMON YATES	Pool Code 53770
Property Code 18657	Property Name SAN SIMON STATE	Well Number 5

II. Surface Location

UL or lot no. J	Section 4	Township 22-S	Range 35-E	Lot Idn	Feet from the 1650	North/South Line SOUTH	Feet from the @#!)2310	East/West line EAST	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
12	13	14	15	16	17	18	19	20	21

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
021822	SUN	2460010	2459610	F-4-22S-35E
009171	GPM	2460030	2459630	F-4-22S-35E

IV. Produced Water

POD 2460050	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date 9-23-86	Ready Date	TD 4110	PBTD 4107	Perforations 3954-3846
Hole Size 12.25"	Casing & Tubing Size 8.625 #	Depth Set 332	Sacks Cement 190	
	7.875"	5.5" 15.5#	4110'	1150

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cag. 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: Joe D. Peterson		OIL CONSERVATION DIVISION ORIGINAL SIGNED BY JERRY CANTON DISTRICT I SUPERVISOR	
Printed name: Joe D. Peterson		Title:	
Title: President		Approval Date: JUN 20 1996	
Date: 04-04-96		Phone: 505-393-0969	

If this is a change of operator fill in the OGRID number and name of the previous operator			
Previous Operator Signature	Printed Name	Title	Date
Tempo Energy Inc	22212		

000 4 4 1996

APR 1996  
Received  
Hobbs  
OCD

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I.

Operator <b>Tempo Energy <sup>Inc</sup> <del>Peterson Petroleum Co.</del></b>	Well API No. <b>30-025-29758</b>
Address <b>P.O. Box 5509 Hobbs, New Mexico 88241</b>	
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 checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
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 <b>San Simon State</b>	Well No. <b>5</b>	Pool Name, Including Formation <b>San Simon Yates</b>	Kind of Lease State, <del>Federal</del>	Lease No. <b>LG4234</b>
Location Unit Letter <b>J</b> : <b>1650</b> Feet From The <b>South</b> Line and <b>2310</b> Feet From The <b>East</b> Line Section <b>4</b> Township <b>22 S</b> Range <b>35 E</b> , NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <b>Phillips Petroleum Co.-Truck</b>	Address (Give address to which approved copy of this form is to be sent) <b>4001 Penbrook Odessa, Texas 79762</b>					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <b>Phillips 66 null gas GPM Gas Corporation</b>	Address (Give address to which approved copy of this form is to be sent) <b>EFFECTIVE: February 1, 1992</b>					
If well produces oil or liquids, give location of tanks.	Unit <b>J</b>	Sec. <b>4</b>	Twp. <b>22S</b>	Rge. <b>35E</b>	Is gas actually connected? <b>yes</b>	When? <b>3-5-87</b>

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.)

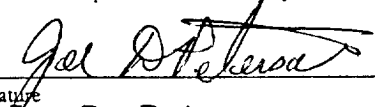
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

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  
**Joe D. Peterson**  
Printed Name  
Date **8-1-90**  
Telephone No. **505-393-0969**

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.