District I PO Box 1980, 1 District II PO Drawer DD				Energy, Miner	ew Mexico Iral Rasseres Department			Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office					
District III 1000 Rio Brazos Rd., Aztee, NM \$7410				PO Box 208 Santa Fe, NM 875				2088			5 Copies		
District IV PO Box 2088, 8	Santa Fe, N	M \$7504-208\$								AMENDED REPORT			
I.	I	REQUES		LLOWA		ND AL	JTHOR	IZAT	ION TO T	The second s			
•.			Operator an	The suc voore				³ OGRID Number 014007					
	MARALO P. O.	, INC. BOX 832							³ Reason for Filing Code				
	MIDLAN	D, TX 7970)2) 						W			
30 - 025-3	API Number 32331	•		⁴ Pool Name LIVINGSTON RIDGE; DELAWARE E.								Pool Code 366	
¹ Property Code 13173				Property Name WILD TURKEY "10" STATE						* Well Number			
	_	Location	1	WILD TURKET TU" STATE						1			
U or lot no.	Section	Township	Range	Lot.ldn	Feet fro	m the	North/South Line SOUTH		Feet from the	East/West line WEST		County	
L	10	225	32E		1980				330			LEA	
		Hole Lo	سيستبد وسنفت										
UL OF IOL BO.	L or lot no. Section		Range	Lot Idn	Feet Iro	om the North/		outh line	Feet from the	East/Wo	est line	County	
¹² Lee Code S	Code ¹⁹ Producing Method P		Code ¹⁴ Gas Connection Date		ite 14 (¹⁴ C-129 Permi		 	C-129 Effective	Date	e ¹⁷ C-129 Expiration Date		
II. Oil and Gas Transport			ters Transporter Name			²¹ POD ²¹ O/G							
"Transporter OGRID		and Address			9 <u>0</u>	³¹ POD				²² POD ULSTR Location and Description			
P. O. BOX			Y OPERATING LP 🧷 🖌			2811634 0			I-9-22S-32E WILD TURKEY "9" STATE #1				
009171	e	PM GAS CO	RP.				5	G	I-9-22S-32E				
		.030 _. PLAZA	OFFICE BL	OFFICE BLDG.									
, man and a second s	iced W	ater					•						
2811636	POD		-9-22S-32E			" POD UL	STR Locat	ion and D	escription				
	Comple ad Date	tion Data	²⁴ Ready Da		" TD			^и РВТД					
04-19-95		06-10-95			9000 '			7325*		" Perforations 7168 - 7175"			
* Hole Size 17-1/2*				13-3/8"	¹¹ Depth Set				1000 SXS CL. "C"				
12-1/4"				8-5/8"	4700'				1ST STG. 1970 HALCO LT +				
				· · · · · · · · · · · · · · · · · · ·				2	250 PREM. 2ND STG. 1000 HALCO LT +				
7-7/8"			1	5-1/2"	9000 '			3	100 PREM. 375 SXS HALCO LT + 725 SXS 50/50 POZ MIX				
	Test Da	ata				••••••••••••••••••••••••••••••••••••••			<u></u>	07 <u>50 PO</u>			
06-10-	06-10-95 08-		Delivery Date # Test D 23-95 . 08-23-9		3-95			gtha S.	²⁴ Tbg. Pressure -		" Csg. Pressure -		
" Choke Size		" Oli 19		⁴ Water 322		⁴ Gas 18		" AOF -		⁴⁴ Test Method P			
⁴⁴ I hereby certif with and that the knowledge and b	s information	iles of the Oil (a given above i	Conservation Di is true and comp	vision have bee lete to the best	n complied of my		OII		ISERVATI	ON D	IVISI	ON	
signature: Denother Logan						Approved by:							
Printed name: DOROTHEA LOGAN						Title:							
Title: REGULATORY ANALYST							Approval Date:						
Date: AUGUST 29, 1995 Phone: (915) 684-7441													
" If this is a change of operator fill in the OGRID number and name of the previous operator													
· ,	Previous (Operator Signi	ature			Printe	d Name			Tide	•	Date	

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 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.

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 1.
- 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 filling 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 volume requested)

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

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- 4 The API number of this well
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- The well number for this completion 9.
- 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 11.
- Lease code from the following table: 12.

SPJNU

- Federal State Fae Jicarilla Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: F Flowing P Pumping or other artificial lift 13.
- 14. MO/DA/YR that this completion was first connected to a gas transporte
- 15. The permit number from the District approved C-129 for this completion
- 16. MO/DA/YR of the C-129 approval for this completion 17.
- MO/DA/YR of the expiration of C-129 approval for this 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 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.
- 21. Product code from the following table: O Oil G Gas

- T: e 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 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: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- 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 29.
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- 33. Number of sacks of cement used per casing string

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.

- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
 - The method used to test the well: F Flowing P Pumping S Swabbing If other method please write it in.

45.

- 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- γ 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.

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