

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

District II
811 South 1st, Artesia NM 88210

District III
1000 Rio Bravo Rd. Aztec, NM 87401
District IV
2040 South Pacheco, Santa Fe NM 87505

State Of New Mexico
Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

2040 South Pacheco
Santa Fe, NM 87505

AMENDED REPORT

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

1. Operator name and Address MNA ENTERPRISES LTD. CO. 106 WEST ALABAMA HOBBS, NEW MEXICO 88242		2. OGRID Number 124768
3. Reason for Filing Code CH EFF. 4/1/98		
4. API Number 30-025-03510	5. Pool Name EUMONT Y-SR-QU	6. Pool Code 22800
7. Property Code 23479	8. Property Name GULF ORCUTT	9. Well Number #001

II. 10. Surface Location

U/I or lot no.	Section	Township	Range	Lot Idn.	Feet from the	North/South Line	Feet from the	East/West Line	County
B	25	21S	35E		330	NORTH	1650	EAST	LEA

11. Bottom Hole Location

U/I or lot no.	Section	Township	Range	Lot Idn.	Feet from the	North/South Line	Feet from the	East/West Line	County
B	25	21S	35E		330	NORTH	1650	EAST	LEA

13. Log Code S	15. Producing Method Code SHUT-IN	14. Our Completion Date PRIOR TO 9/1/60	16. C-129 Permit Number	17. C-129 Expiration Date
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III. Oil and Gas Transporters

18 Transporter OGRID	19 Transporter Name and Address	20 POD	21 O/G	22 POD ULSTR Location and Description
013063	Lantern Petroleum Corp PO Box 2281 Midland, TX 79702	701610	O	G T21 S R35E Section 25
09171	GPM Gas Corp. 4044 Penbrook Odessa, TX 79762	701630	G	G T21S R35E Section 25

IV. Produced Water

23 POD 701650	24 POD ULSTR Location and Description
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V. Well Completion Data

25 Spud Date	26 Ready Date	27 TD	28 PBTD	29 Perforations	30 DHC, DCMC
31 Hole Size	32 Casing & Tubing Size	33 Depth Set	34 Sacks Cement		

VI. Well Test Data

35 Date New Oil	36 Gas Delivery Date	37 Test Date	38 Test Length	39 Tbg. Pressure	40 Cag. Pressure
41 Choke Size	42 Oil	43 Water	44 Gas	45 AOF	46 Test Method

I hereby certify that the rules of 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: <i>Padgett Alexander</i> Printed Name: <i>Padgett Alexander</i> Title: <i>Manager</i> Date: <i>5-6-98</i> Phone: <i>(505) 392-2702</i>		OIL CONSERVATION DIVISION Approved by: ORIGINAL SIGNED BY DAVID WILLIAMS DISTRICT FOUR DIVISION Title: Approval Date: <i>JUL 05 1998</i>	
47 If this is a change of operator fill in the OGRID number and name of the previous operator <i>Chance Heard</i> Previous Operator Signature GAYE HEARD Printed Name AGENT Title 5/6/98 Date		CHANCE PROPERTIES OGRID #004058	

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OIL CONSERVATION DIVISION

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Chance Properties		Well API No. 30-025-03510
Address c/o Oil Reports & Gas Services, Inc. P.O. Box 755, Hobbs, NM, 88241		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	Effective 11/1/93
Recompletion <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
Change in Operator <input type="checkbox"/>		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gulf Orcutt	Well No. 1	Pool Name, including Formation Eumont Yates SR-Qu	Kind of Lease State, Pool, or Unit Lease	Lease No. B-244
Location Unit Letter <u>B</u> : <u>330</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u> Line Section <u>25</u> Township <u>21S</u> Range <u>35E</u> , 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"/> EOTT Oil Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4666, Houston, TX 77210-4666
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762
If well produces oil or liquids, give location of tanks.	Unit <u>B</u> Sec. <u>25</u> Twp. <u>21S</u> Rge. <u>35E</u> Is gas actually connected? <u>Yes</u> When? <u>Prior to 9/1/60</u>

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 (pilot, 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
Loren Holler - Agent

Printed Name
11/9/93

Title
(505) 393-2727

Date
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 12 1993
By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

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.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

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

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

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

State of New Mexico
Energy, Minerals and Natural Resources Department

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Chance Properties		Well API No. 30-025-03510
Address c/o Oil Reports & Gas Services, Inc. P.O. Box 755, Hobbs, NM, 88241		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input checked="" type="checkbox"/> Effective 11/1/93	
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 Gulf Orcutt	Well No. 1	Pool Name, Including Formation Eumont Yates SR-Qu	Kind of Lease State, Federal or Private	Lease No. B-244
Location Unit Letter B : 330 Feet From The North Line and 1650 Feet From The East Line Section 25 Township 21S Range 35E, 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"/> EOTT Oil Pipeline Company ENERGY CORP	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4666, Houston, TX 77210-4666					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762					
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 25	Twp. 21S	Rge. 35E	Is gas actually connected? Yes	When? Prior to 9/1/60

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

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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 (pilot, 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
Loren Holler - Agent

Printed Name
11/9/93

Date

Title
(505) 393-2727

Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 12 1993

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

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New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Effective 6/1/92
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Wolverine Oil & Gas Co., Inc., One Riverfront Plaza, Grand Rapids, MI 49503-2616	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gulf Orcutt	Well No. 1	Pool Name, Including Formation Eumont Yates, 7 Rivers Queen	Kind of Lease State, Federal or Foreign XXXXXXXXXX	Lease No. B-244
Location Unit Letter B : 330 Feet From The North Line and 1650 Feet From The East Line Section 25 Township 21S Range 35E, 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"/> Shell Pipeline Corporation	Address (Give address to which approved copy of this form is to be sent) P.O. Box 1910, Midland, Texas 79702					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> GPM Gas Corporation	Address (Give address to which approved copy of this form is to be sent) 4001 Penbrook, Odessa, TX 79762					
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Testing Method (pilot, 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 Donna Holler
Printed Name Donna Holler Agent
Date 7/7/92 Title
Telephone No. 505-393-2727

OIL CONSERVATION DIVISION

Date Approved

JUL 10 '92

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

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