District I PO Box 1980, Hobbs, NM 88241-1980 District II NO Drawer DD, Artesia, NM 88211-0719			9	gy, Min	ew Mexico aral Resources Department			• •	Form C-10- Revised February 10, 199- Instructions on back				
District III 1000 Rio Bran		•		ATION DIVISION DX 2088			Submit to Appropriate District Offic 5 Copie						
District IV		Santa Fe, NM 87504-2088						<b></b> 1		•			
PO Box 2088, 1 I.											AMENDED	REPOR	
			Operator a	ame and Addr	TOLE A	IND A	UTHUR		ION TO T	ANSP(			
Floyd Operating Company 711 Louisiana Suite 1740									007943				
Housto								* Resson for Filing Code CH-Change of Operator					
	API Numb	er.	·	<u> </u>						Effective: 1/1/96			
<b>30 - 0</b> 25-				Drinkard						• • • • • • • • • • • • • • • • • • •			
Property Code								perty Name			' Well Numbe	 er	
-002100 18274 II. <sup>10</sup> Surface Location				Stephens Estate						1			
Ul or lot no.	Section	Township	Range	Lot.Ida	Feet fro	m the	North/So	uth Line	Feet from the				
L	24	21S	37E				660	West	East/West line Con West Lea				
		Hole Lo	_				<b>_</b>			I	I		
UL or lot no.	Section	Township	Range	Lot Idn	Foct fro	on the	North/South line		Feet from the	East/West	ine Co	ounty	
<sup>11</sup> Lee Code	<sup>10</sup> Produ	cing Method C	ode <sup>14</sup> Gas	Connection D	ate 14 (	C-129 Perm	ut Number		C-129 ElToctive I				
Р	Р		9-	-13-88					C-125 ENIOCUVE 1		" C-129 Expira	Lion Date	
III. Oil an		Transpor											
OGRID				Transporter Name and Address			<sup>14</sup> POD <sup>11</sup> O/G		<sup>21</sup> POD ULSTR Location and Description				
013063	013063 Lantern Po PO Box 228			etroleum Corporation			10	0	L 24 T21S R37E				
Midland, T													
022345 Texaco Expl &				& Prod. Inc.			0585730 G			T215 F	375		
Box 1137 Eunice, NM			M 88231	88231					L 24	1210 1			
			. ,										
V. Produ		ater								<u></u>	<del></del>	<u> </u>	
P	OD		•		1	" POD UL	STR Locatio	on and De	scription		<u>-</u>		
V. Well C	Comple	tion Data		·····						*			
and the second				<sup>34</sup> Ready Date					<sup>24</sup> PBTD		<sup>29</sup> Perforations		
* Hole Size			" <u> </u>	<sup>31</sup> Casing & Tubing Size			n D	epth Set	<sup>13</sup> Sacks Cement				
		· ·					<u></u>			·			
			<u>+</u>			-					<u></u>		
											<u></u>		
VI. Well Test Data <sup>M</sup> Date New Oil <sup>M</sup> Gas Delivery Date <sup>M</sup> Test Date												J	
Date Ne	W Oil	" Gas De	divery Date	× Te	M Test Date		<sup>37</sup> Test Length		" Tbg. Pressure		" Cig. Pressure		
" Choke	Size	41	Oil	4 Water		4 Gas		4 AOF		<sup>44</sup> Test Method			
4 I hereby certify with and that the	that the ru information	iles of the Oll ( given above in	Conservation Di true and comp	vision have bee lete to the best	of my		OU	CON					
knowledge and be Signature:	clicf.	Y	-har										
Printed name:						Approved by: ORCOPHAL SPORE CONTRACTOR CONTRACTOR							
Title:	Man	GREG FOX			Title: Approval Date:			1 AL D. P. J. S.P. M.					
Date: 1/2/	7-	Approval Date: JAN 0 9 1890											
" If this is a chu		erator fill in th	Phone: 7/3	ber and same		ious operat	or				, ,		
BISON PE	TROLEU	JM CORPO	RATION		ruce 0.	Bart	hel		Pres	sident	12/20	195	
OGRID-00		Operator Signa		u a	00	Prister	the			Title		Date	

22.

	C-104 Instruc
,	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 80°. 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.
	1. Operator's name and address
	2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
	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 volume
	requested) 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
	7. The property code for this completion
	8. The property name (well name) for this completion
	9. The well number for this completion
	10. The surface location of this completion NOTE: if the
	Inited States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box.
	11. The bottom hole location of this completion
	12. Lease code from the following table:
	Federal State
	C P Fae J Jicarilla
	U Ute Mountain Ute U Other Indian Tribe
	13. The producing method code from the following table: F Flowing P Pumping or other artificial lift
	14. MO/DA/YR that this completion was first connected to a 4
	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
	20 The number assigned to the POD from which this 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. i

- Product code from the following table: 21. Oil Gas 0 G Ì
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- T' + ULBIR 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.)
- 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.
- Total vertical depth of the well 27.
- 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.
- 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.

- 34. MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline 35.
- MO/DA/YR that the following test was completed 36.
- 37. Length in hours of the test
- Flowing tubing pressure oil wells 38. Shut-in tubing pressure - gas wells
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- Barrels of oil produced during the test 41.
- 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: 45.
- The method used to used the used to use the used to use used to used to use used to used to use used to used t
- 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.
- 47. 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

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