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

State of New Mexico

District II

PO Drawer DD, Artesia, NM 88211-0719

District III

Form C-104 Revised February 10, 1994 Instructions on back
Submit to Appropriate District Office

OIL CONSERVATION DIVISION PO Box 2088

	5	Copies

1000 Rio Brazos District IV	Rd., Aztec,	, NM 87410		Santa F	e, NM	87504	-2088					2 351.0	
PO Box 2088, Se										L	-	ENDED REPORT	
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Operator name and Address Samson Resources Company									<sup>3</sup> OGRID Number 020165				
Samson Plaza								ŀ	3 Reason for Filing Code				
Two West Second Street Tulsa, OK 74103-3103									CH-Effective June 1, 1996				
'API Number Pool Name								i	' Pool Code				
<b>30-0</b> 25-30708 Osudo Morrow, South									8:	82200			
00291 <del>8</del>	'Property Code 'Property Name 'Well Number '902918' (9067 P.Q. Osudo State Com (State #-VB-0177)											ell Number	
1. P.Q. Osudo State Com (State #-VB-0177)													
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34 Date N	e New Oil <sup>33</sup> Gas Delivery Date <sup>34</sup> Test Date		t Date	" Test Length		ngth	H Tbg. Pressure		17 Cag. Pressure				
" Choke Size " Oil		ļ	4 11						-				
		Ou	Oil 4 Water		4 Gas		4 AOF			4 Test Method			
4 I hereby certi	fy that the ru	lace of the Oil Co	onservation [	Division have been	n complied	<del>r</del>			<u> </u>	<del></del> _			
with and that the knowledge and i	c information	given above is	true and com	nplete to the best of	of my				NSERVAT				
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## 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 despaned 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 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.

- The API number of this well
- The name of the pool for this completion 5.
- The pool code for this pool 6.
- The property code for this completion 7.
- The property name (well name) for this completion 8.
- 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:
  F Federal
  S State
  P Fee 12.

Federal State Fee Jicarilla

Navajo Uta Mountain Uta Other Indian Triba

- The producing method code from the following table:
  F Flowing
  P Pumping or other artificial lift 13.

- MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the District approved C-129 for
- 15. this completion
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17.
- The gas or oil transporter's OGRID number 18.
- Name and address of the transporter of the product 19.
- 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.
- Product code from the following table:
  O Oil
  G Gas 21.

- 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", "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.
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well 27.
- Plugback vertical depth 28.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Inside diameter of the well bor 30.
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and bottom.
- 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.

- MO/DA/YR that new oil was first produced 34.
- MO/DA/YR that gas was first produced into a pipeline 35.
- MO/DA/YR that the following test was completed 36.
- Length in hours of the test 37.
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- Diameter of the choke used in the test 40.
- Barrels of oil produced during the test 41.
- Barrels of water produced during the test 42
- MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D 44
- The method used to test the weil: 45

Flowing

r Pumping
P Pumping
S Swabbing
If other method please write it in.

- 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.
- 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.