

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

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

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

State of New Mexico
Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

Form C-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Cody Energy, Inc. Well API No. 30-25-30708
Address 16825 Northchase Dr., Suite 1200, Houston, TX 77060-6080
Reason(s) for Filing (Check proper box) ☐ New Well ☐ Recompletion ☒ Change in Operator ☐ Change in Transporter of:
Oil ☐ Dry Gas ☐ Condensate ☐ ☐ Change in Transporter of:
Oil ☐ Dry Gas ☐ Condensate ☐
If change of operator give name and address of previous operator Williams-Cody, Inc. (same as above)

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>P Q Osudo State Com.</u>	Well No. <u>1</u>	Pool Name, including Formations <u>South Osudo Morrow (Gas)</u>	Kind of Lease State, Federal or Fee <u>State</u>	Lease No. <u>VB-0177</u>
Location Unit Letter <u>G</u> : <u>1980</u> Feet From The <u>North</u> Line and <u>1980</u> Feet From The <u>East</u> Line Section <u>16</u> Township <u>21-S</u> Range <u>35-E</u> NMTM Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ <u>Koch Oil Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 2256 - Wichita, Kansas 67201</u>
Name of Authorized Transporter of Gas ☐ or Dry Gas ☒ <u>Phillips 66 Company GPM Gas Corp</u>	Address (Give address to which approved copy of this form is to be sent) <u>924 Adams Bldg - Bartlesville, OK 74004</u>
If well produces oil or liquids, give location of tanks. <u>0</u>	Unit <u>16</u> Sec. <u>21-S</u> Twp. <u>35-E</u> Rgn. <u>Yes</u> When? <u>1-27-91</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 test oil and must be equal to or exceed test 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	Bbl. Condensate/MCF	Gravity of Condensate
Testing Method (pump, 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.

Ann Curtis
Signature
J/o Ann Curtis, Supervisor-Prod./Regulatory
Printed Name
06/14/93
Date
(713)875-8701
Telephone No.

OIL CONSERVATION DIVISION

Date Approved JUN 30 1993

By Paul Kautz
Orig. Signed by
Geologist

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.