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

State of New Mexico
Energy, Minerals & Natural Resources Department

District II

PO Drawer DD, Artesia, NM 88211-0719 District III

OIL CONSERVATION DIVISION

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

1000 Rio Brazo	Rd., Aztec,	NM 87410			PO Box		1 2000					5 Copies	
1000 Rio Brazos Rd., Azioc, NM 87410 Santa Fe, NM 87504-2088 District IV												NDED REPORT	
PO Box 2008, Santa Fe, NM 87504-2008													
The state of the s													
										<sup>1</sup> OGRID Number 020165			
Samson Resources Company Samson Plaza									<u></u>				
Two West Second Street										Reason for Filing Code			
Tulsa, OK 74103-3103											ective June 1, 1996		
30 - 0 25		1	'Pool Name Osudo Morrow (Gas)						' Pool Code 82120				
L	roperty Code												
_ <del>002917</del>		66	'Property Name Phillips State (State #- E-1921						' Well Number				
II. IO Surface Location											······································		
Ul or lot no.						rom the   North/South Line			Feet from the	I E (01)			
0	17	218	35E		990	ше	South			East/W	i	County	
L	<u> </u>	l			990		South		1980	Еа	st	Lea	
Bottom Hole Location									·	·			
UL or sot Bo.	Section	Township	Range	Lot Ida	Feet from	a the	North/Sout	h line	Feet from the	East/W	est line	County	
		L	<u> </u>	<u> </u>	<u> </u>		<u> </u>			<u> </u>			
12 Lae Code	i	ng Method Co			e   "C	-129 Perm	it Number	,	C-129 Effective	Date	" C-1	9 Expiration Date	
S	F			18/90									
		Transpor		· · · · · · · · · · · · · · · · · · ·									
Transpo OGRID		19	17 Transporter Name 18 POD and Address					" O/G	· ·				
		hillips		<del></del>	<del></del>	0755710 O				and L	)escription	<u> </u>	
		C1 Adams			To take	0755710 O							
***************************************			rtlesville, OK 74004										
009171 GPM Gas			Corporat	ion	0755730 G								
			ville OK 74004						١				
Safetesville, ok 74004													
				Participation of the St.									
										77			
IV. Produced Water													
" POD ULSTR Location and Description													
0755750	)												
		ion Data											
H Spud Date			14 Ready Date					" PBTU		11	1º Perforations		
Hole Size			31 Casing & Tubing Size				" De			<sup>13</sup> Sacks	<sup>11</sup> Sacks Cement		
								<del></del>					
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177 317 11	T D		<u> </u>										
	Test Da		-H *>	<del>1</del>		<del></del>			<del></del>				
M Date New Oil		~ Gas D	elivery Date	very Date Hall			" Test Lengt	L <b>h</b>	<sup>34</sup> Tbg. Pressure			<sup>39</sup> Cag. Pressure	
" Choke Size				A									
- Chok	E SILE	<b>'</b>	41 Oil 41 Water			4 Gas		" AOF			4 Test Method		
411	· 6	<u> </u>											
with and that the	ify that the ru he information	les of the Oil ( given above i	Conservation E is true and com	Division have been plete to the best	a complied		OII	CO	NICEDALACE	ION D		C.V.	
knowledge and		10	•	, and treat	···· <i>j</i>				NSERVAT				
Signature:	anis	1. Kee	d			Vbbtove	d by: ORI	GINA	L STONED BY	ੂ{§ਾਜ਼ਿਆ	CTV=-		
Printed name:	1)-10	(1,1)	Red	<del></del>	Approved by: ORIGINAL STONED BY JESTRY SEXTON Title: DISTRICT SUPERVISOR								
Title:	U , DA		Approval Date:				A						
Date:	Dough	m 73 7	Approval Date: JUN 2 U 1996										
3/29/96 1999-383-1111													
If this is a change of operator fill in the OGRID number and name of the previous operator													
025717 Cody Energy, Inc.													
Wh. A	2/ /	1 Litely	)		Phyll:		ed Name Octik	Sir	p.,Prod/Re		de airc	Date	
My	WIL	10014	<u> </u>	**************************************	- 4-17 - 4-1-			Jul	>• 'E TOT' VG	y ALL	attz	5-31-96	

## New Mexico Oil Conservation Division C-104 Instructions

## 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
- 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.

- The API number of this well 4.
- 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
- Lease code from the following table:
  F Federal
  S State 12.

SP

Fee 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.

- MO/DA/YR that this completion was first connected to a 14.
- The permit number from the District approved C-129 for this completion 15.
- 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: 21. Oil Gas

- 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
- Plugback vertical depth 28.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- inside diameter of the well bore 30.
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- 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.

- 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
- MCF of gas produced during the test 43.
- Gas well calculated absolute open flow in MCF/D 44
- 45.

The method used to test the well:

F Flowing
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.