

District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
811 South First, Artesia, NM 88210  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
2040 South Pacheco, Santa Fe, NM 87505

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

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

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

<sup>1</sup> Operator name and Address Asher Enterprises LTD 1902 Savannah Drive, Artesia, New Mexico 88211		<sup>2</sup> OGRID Number 149538
		<sup>3</sup> Reason for Filing Code CH (eff. 01-12-99)
<sup>4</sup> API Number 30 - 025 31385	<sup>5</sup> Pool Name Hat Mesa Morrow	<sup>6</sup> Pool Code 78240
<sup>7</sup> Property Code 007976 24186	<sup>8</sup> Property Name Comanche "17" State	<sup>9</sup> Well Number 1

II. <sup>10</sup> Surface Location

UL or lot no. G	Section 17	Township 21S	Range 33E	Lot Idn	Feet from the 1880'	North/South Line North	Feet from the 1980'	East/West line East	County Lea
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<sup>11</sup> Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
<sup>12</sup> Log Code S	<sup>13</sup> Producing Method Code F	<sup>14</sup> Gas Connection Date 05-17-92	<sup>15</sup> C-129 Permit Number	<sup>16</sup> C-129 Effective Date	<sup>17</sup> C-129 Expiration Date				

III. Oil and Gas Transporters

<sup>18</sup> Transporter OGRID	<sup>19</sup> Transporter Name and Address	<sup>20</sup> POD	<sup>21</sup> O/G	<sup>22</sup> POD ULSTR Location and Description
013382	LG & E Natl. Pipeline Co. 921 W. Sanger Hobbs, New Mexico 88240	2807619	G	
022507	Texaco Trading & Trans. P.O. Box 60628 Midland, Texas 79711	1933210	O	
	Equilon Enterprises			

IV. Produced Water

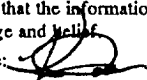

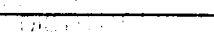
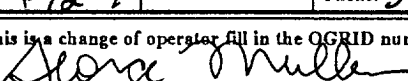
<sup>23</sup> POD 1933250	<sup>24</sup> POD ULSTR Location and Description
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V. Well Completion Data

<sup>25</sup> Spud Date	<sup>26</sup> Ready Date	<sup>27</sup> TD	<sup>28</sup> PBTD	<sup>29</sup> Perforations	<sup>30</sup> DHC, DC, MC
<sup>31</sup> Hole Size	<sup>32</sup> Casing & Tubing Size	<sup>33</sup> Depth Set	<sup>34</sup> Sacks Cement		

VI. Well Test Data

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

<sup>47</sup> I hereby certify that the rules 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: 		<div>OIL CONSERVATION DIVISION</div> <div>Approved by: </div> <div>Title: </div> <div>Approval Date: 01-08-99</div>	
Printed name: Kevin Jones			
Title: Agent			
Date: 1-12-99	Phone: 505-748-1424		
<sup>48</sup> If this is a change of operator fill in the OGRID number and name of the previous operator  Previous Operator Signature Mitchell Energy Corporation (Ogrid No. 015025)		George Mullen Sr. Reg. Affairs Analyst 01-08-99 Printed Name Title Date	

New Mexico Oil Conservation Division  
C-104 Instructions

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°.  
Report all oil volumes at 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

PC  
ds

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 (Include the effective date.)  
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 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.
  11. The bottom hole location of this completion
  12. Lease code from the following table:  
F Federal  
S State  
P Fee  
J Jicarilla  
N Navajo  
U Ute Mountain Ute  
I 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 gas transporter
  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 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.
  21. Product code from the following table:  
O Oil  
G Gas
  22. 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.)
  23. 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.
  24. 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.)
  25. MO/DA/YR drilling commenced
  26. MO/DA/YR this completion was ready to produce
  27. Total vertical depth of the well
  28. Plugback vertical depth
  29. Top and bottom perforation in this completion or casing shoe and TD if openhole
  30. Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore.
  31. Inside diameter of the well bore
  32. Outside diameter of the casing and tubing
  33. Depth of casing and tubing. If a casing liner show top and bottom.
  34. Number of sacks of cement used per casing string
- If 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.
35. MO/DA/YR that new oil was first produced
  36. MO/DA/YR that gas was first produced into a pipeline
  37. MO/DA/YR that the following test was completed

38. Length in hours of the test
39. Flowing tubing pressure - oil wells  
Shut-in tubing pressure - gas wells
40. Flowing casing pressure - oil wells  
Shut-in casing pressure - gas wells
41. Diameter of the choke used in the test
42. Barrels of oil produced during the test
43. Barrels of water produced during the test
44. MCF of gas produced during the test
45. Gas well calculated absolute open flow in MCF/D
46. The method used to test the well:  
F Flowing  
P Pumping  
S Swabbing  
If other method please write it in.
47. 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
48. 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