## District I

PO Box 1980, Hobbs, NM 88241-1980

## District II

1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION 811 South First, Artesia, NM 88216 District III

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

## 2040 South Pacheco Santa Fe, NM 87505

State of New Mexico

John H. Hendrix Corporate and Address  110 N. Marienfeld St., Suite 400  Midland, 1X 79701  API Number 1 79701  API Number 2 102024  Penrose Skelly Grayburg  Surface Location  Use time Scale Trending Range Location  Surface Location  Surface Location  Use time Surface Location  Surface Location  Use time Surface Location  Use time Surface Location  Use time Surface Location  Use time Surface Location  Surface Location  Use time Surface Location  "One Address Company Surface Location But Surface Location Date County County	District IV	hana Samta E	. NIL 87604	•							AMEN!	DED REPORT	
John H. Hendrix Corporate Name and Address JOHN H. Hendrix Corporate St., Suite 400  AT Number JON Martenfeld St., Suite 400  AT Number JON Agriculture St., Suite 400  Ag	I.	RI	EQUEST	FOR A	LLOWABI	LE ANI	AUTHOR	IZATI	ON TO TR	ANSPO	RT	· · · · · · · · · · · · · · · · · · ·	
110 N. Harrienfield St., Suite 400   CH Effective 03/01/98   CH Effective 03			1 Operator na		-		OGRID	<sup>1</sup> OGRID Number					
*** AND MANNEY   Ponnose Skelly Grayburg   50350    *** AND MANNEY   Ponnose Skelly Grayburg   50350    *** Progress of State B					,	AL.	3	Reason for					
APINOMESE State   Penyoses Skelly Grayburg   South   Surface   Sur	Midland	l, TX 7	9701			V CIT ETTECCTVC 00/01/30							
Troppersy Code State B	1		Dannaca	_	50050					Code			
State B					perty Name * Well Number								
Companies   Content   Companies   Content   Companies   Content   Companies   Content   Companies   Content   Cont	230												
Bottom Hole Location   17   22S   37E   660   North   1980   East   Lea						Feet from t	he North/S	outh Line	Feet from the	East/West line		County	
"I Bottom Hole Location UL or lot no Section Township Range Lot Idn Feet from the North/South line Feet from the East/West line Country  "Lee Code "Produging Method Code "Gua Connection Data "C129 Permit Number "C129 Effective Data "C129 Exploration Data "Transporter Name and Address A					ZAC. TO.			_	1980	East		Lea	
UL or to to to. Section Toronably Range Lot Idn Feet from the North-Seath line Feet from the Land/West line Construction Date   "Catto Expression Date   "Toronaporter Name and Address and Address and Description   "Toronaporter Name and Address and Date   "POD   "OG   "POD ULSTR Location and Description   "POD   "POD ULSTR Location and Description   "Same   "POD ULSTR Location and Description   "Po	B 17 223 372 300												
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Same	III. Oil and Gas Transporters												
Scurlock Permian L.L.C. P.O. Box 4648 Houston, TX 77210  022345 Texaco Expl. & Prod. Inc. P.O. Box 3000 Tulsa, OK 74102  V. Produced Water  "POD  "POD ULSTR Location and Description  "New Il Completion Data  "Sped Date  "Ready Date  "Ready Date  "Cating & Tubing Size  "Depth Set  "Sacks Cement  "The Data  "Dett New Oil "Gas Delivery Date  "The Date  "Other Size  "Other Size  "Oth Water  "The Date  "The D				•			* POD						
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Texaco Expl. 8 Prod. Inc. P.O. Box 3000 Tulsa, OK 74102  V. Produced Water  POD ULSTR Location and Description  V. Well Completion Data  Spud Date  Ready Date  Re			O. Box uston.	4648 TX 7721	10				Janie				
Tulsa, OK 74102  V. Produced Water  "POD ULSTR Location and Description  V. Well Completion Data  "Spud Date "Ready Date "TID "PETFORMING Size "Depth Set "Sacks Cement  "Hole Size "Casing & Tubing Size "Depth Set "Sacks Cement  "Hole Size "Casing & Tubing Size "Depth Set "Sacks Cement  "Date New Oil "Gas Delivery Date "Test Date "Test Length "Tog. Pressure "Cag. Pressure "Cag. Pressure "Gas "AOF "Test Method  "I broke Size "Oil "Water "Gas "AOF "Test Method  "I broke Size "Oil "Water "Gas "AOF "Test Method  "I broke Size "Oil "Water "Gas "AOF "Test Method  "OIL CONSERVATION DIVISION  Approved by: "DESTRICT I SUPERINGEN SUPLIAMS  DESTRICT I SUPERINGEN SUPLIAMS  DESTRICT I SUPERINGEN SUPLIAMS  Test:  "It his is a change of operator fill in the OGRID number and name of the previous operator  Frisco Energy, L.L.C. #167452  Printed Name Charles E. Smith Co-Manager. 3/048						1	1076130 G					——————————————————————————————————————	
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OIL CONSERVATION DIVISION  Approved by:  ORIGINAL SIGNED BY CHRIS WILLIAMS  DISTRICT I SUPERVISOR  Title:  Vice President  Date: 3-2-97  Phone: 915-684-6631  Title: Signature: 4 Printed Name  Frisco Energy, L.L.C. #167452  Previous Operator Signature  Printed Name  Charles E. Smith  OIL CONSERVATION DIVISION  ORIGINAL SIGNED BY CHRIS WILLIAMS  DISTRICT I SUPERVISOR  Title:  Approved by:  ORIGINAL SIGNED BY CHRIS WILLIAMS  DISTRICT I SUPERVISOR  Title:  Approval Date: 4 Printed Name  Frisco Energy, L.L.C. #167452  Originature Printed Name  Charles E. Smith  Co-Manager  3/10/98			~ Gas										
with and that the information given above is true and complete to the best of my knowledge and belief.  Signature:  Printed name:  Ronnie H. Westbrook  Title:  Vice President  Date: 3-2-37  Phone: 915-684-6631  If this is a change of operator fill in the OGRID number and name of the previous operator  Frisco Energy, L.L.C. #167452  Previous Operator Signature  Printed Name  Charles E. Smith  Co-Manager  3/10/48	" Chok	te Size		4 Oil		Water		**	^	OF		Test Method	
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Frisco Energy, L.L.C. #167452  Printed Name Title Date Charles E. Smith Co-Manager 3/10/98							ous operator						
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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.

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

A request for allowable for a newly drilled or deepened well must be

changes of operator, property name, well number,  $- \gamma_{\text{laporter}}$  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. 2.
- 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.

- The API number of this well
- The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- The property name (well name) for this completion 8.
- The well number for this completion
- 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.
- 11. The bottom hole location of this completion
- 12. Lease code from the following table:

Federal State Fee Jicarilla

SPJNU

Navajo Ute Mountain Ute Other Indian Tribe

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

14.

- MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the District approved C-129 for this completion 15.
- 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

- 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.
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- 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 epochols
- 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. 30.
- 31. Inside diameter of the well bore
- Outside diameter of the casing and tubing 32
- 33. Depth of casing and tubing. If a casing liner show top and

..:

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.

- MO/DA/YR that new oil was first produced 35.
- 36. MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed 37.

- 38 Length in hours of Ne test
- Flowing tubing procure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 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:

Flowing

Pumping Swabbin

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 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 48.