District I PO Box 1990, Hobbs, NM 88241-1980		σ	State Of New Mexico Energy, Minerals and Natural Resources Department					Form C-104 Revised October 18, 1994 Instructions on beck			
District II Submit to Appropriate District Office 811 South 1st, Artesia NM 88210 S Copies											
District W 1000 Rio Bravos Rd. Aztec, NM 87401 District IV			OIL CONSERVATION DIVISIO 2040 South Pecheco Sente Fe, NM 87505			Amended report					
2040 South Pacheco, Santa Fe NM 87505											
REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT  1. Operator name and Address 2. OGRID Number											
McCASLAND MANAGEMENT, INC. C/O OIL REPORTS & GAS SERVICES, INC.						572-					
P. O. BOX 755								3. Reason for Filing Code			
HOBBS, NEW MEXICO 88241					C				EFF.	4/1/98	
4. API Num 30-025-10	5. Pool Name IAT T-Y-SR					6. Pool Code 33820					
7. Property Code 6624			8. Property Name FEDERAL			714			9. Well Number #001		
II. 10. Surface Location											
Ut or lot no. Section K 17	Township 23S	Range Lot Idi 36E			UTH	Feet from	i	East/West L		County LEA	
		lole Locat		i		۲			·		
Ut or lot no. Section K 17			Range Lot. Idn. Feet from the 36E 1980		North/South Line Feet from th SOUTH 1980			East/West Line WEST		County LEA	
12 Los Code 13 Produng Mate		10/13	rotem Date	15 C-129 Parme Humber		16 C-129 Miletere I			17 C-129 Employee		
		as Transpo				<u> </u>					
18 Transporter OGRID		19 Transporter Name			20 POC 21			22 POD ULSTR Location			
			and Address					and Description		• • • • •	
034019	BARTLE	SVILLE, OK 74		1279910		0		L-17-23S-36E			
009171 GPM GAS CORP.				1279930			G	L-17-23S-36E			
	4001 PE	NBROOK , TX 79762			12/3830			L-1/-233-30E			
	002334	, IX 19102									
								<u> </u>			
						ļ					
IV. Produced Water 23 POD 24 POD 24 POD				24 POD ULSTR Locatio	n and Descrip	ption					
1279950		L-17-235-36E				<u>-</u>					
V. Well Completic 25 Spud Date		Dn Data 26 Ready Date		27 TD	27 TD 28 PBTD			29 Perforations 30 DHC, DCMC			
31 Hole Siz	•		32 Casing	& Tubing Size		33 Depth	Set		24	Sacks Cement	
									<u> </u>		
				· · · · · · · · · · · · · · · · · · ·							
					[						
VI. Well Test Data 35 Date New OII		· · · · · · · · · · · · · · · · · · ·		37 Test Dat	37 Test Date 38 Test Lengt		ingth	39 Tbg. Pressure		40 Cag. Pressure	
41 Choke Size		42 Oil		43 Water		44 Gas		45 AOF		46 Test Method	
I hereby certify that the rules of Oil Conservation Division have been complied											
with and that the information given above is true and complete to the best my knowledge and belief. Signature and belief.					Approved by:						
Privited Name: GAYE HEARD						Tibe:					
						Approval Date:					
Date: 4/28/98			Phone: 505-393-2727								
47 If this is a change of		internation share allowed									
Previous Operator Signature Printed Name Title Date											
<u> </u>	<u> </u>										

## New Mexico Oil Conservation Division C-104 Instructions

## IF THIS IS AN AMENDED REPORT, CHECK TH. 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 bar

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 1.

3.

- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
  - Reason for filing code from the following table:
    - or filing code normalized and the second state of the second state of the second state of the second state of the second state transporter and gas transporter tra NW RC CH AO CO AG CG RT

    - 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.
- 5. The name of the pool for this completion
- The pool code for this pool 6.
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 9. 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
- Lease code from the following table: 12.
  - Federal State Fee Jicarilla

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- Navajo Ute Mountain Ute Other Indian Tribe
- 13. The producing method code from the following table: Flo
  - Flowing Pumping or other artificial lift
- 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
- 18. The gas or oil transporter's OGRID number
- 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 affice 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.
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 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 ... die well bore
- 32. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom. 33.
- 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
- MO/DA/YR that gas was first produced into a pipeline 36.
- MO/DA/YR that the following test was completed 37.
- 38. Length in hours of the test
- Flowing tubing pressure 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. Barreis 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
- 48. The method used to test the well:
  - The method used to test the wew: 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 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 48. signed by that person