District I

PO Box 1980, Hobbs, NM 88241-1980

District II

\$11 South First, Artesia, NM 88210 District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV

State of New Mexico
Energy, Minerals & Natural Resources Department

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

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

5 Copies

AMENDED REPORT

I.			FOR A	LLOWABI	LE AN	D AU	THORI	ZATI	ON TO TR	ANSPORT	•							
Frisco Energy, L.L.C.									³ OGRID Number 167452									
2431 E. 51st St., Suite 300							₹ ch			³ Reason for Filing Code ffective 12/01/97								
Tulsa, OK 74105 'API Number 'Pool Name									Pool Code									
30-025-22634 Penrose Skelly Grayb							irg			503	50350							
'Property Code							Poperty Name 'Well Number 2											
II. 10 Surface Location																		
Ul or lot no.	Section	Township	Range	Lot. idn	Feet from	the	the North/Soc		Feet from the	East/West line	County							
Н	15	225	37E 1650)	North		990	East	East Lea								
11 Bottom Hole Lo			THE TOTAL PROPERTY OF THE PERSON OF THE PERS			the North/South line		erth line	Feet from the	East/West line	County							
OL OF EX IIO.	Section	Township	Range	224 144	rea not	u u.e	Two tar South line		rea from the	East/West infe	County							
13 Lee Code	¹³ Product	ng Method Code	H Gas	Connection Date	n C	-129 Perm	lt Number	1	C-129 Effective I	Date 17 (C-129 Expiration Date							
III. Oil and Gas Transporters																		
			Transporter Name and Address				D	n O/G	²² POD ULSTR Location									
Toyaco Tr			ading & Transp Inc			76210	76310		and Description									
P.O. I			Box 60628 nd, TX 79711-0628				76310 0		Same									
T						076330	76330 G		Same									
P.O. Box			3000			770330	70330 G		Same									
	Tu	sa, OK	74102			· ·			·									
	NO. 643																	
					-		·											
V. Produced Water																		
²³ POD ULSTR Location and Description																		
						<u></u>												
V. Well Completion Data							# man		1									
Spud Date		l Re	Ready Date 7 170			* PB1D		29 Perforations		™ DHC, DC,MC								
31 Hole Size			n (esing & Tubing	sing & Tubing Size		²³ Depth Se			™ Sa	cks Cement							
					-	_												
VI. Well		ta							· · · · · · · · · · · · · · · · · · ·	·····								
3 Date New Oil		[™] Gas Deli	ery Date	" Test	Date	M Test Length		ngth	" Tbg. Pr	essure	" Cag. Pressure							
41 Choke Size		4 0	Oil • W		aler		44 Gas		" AOF		4 Test Method							
" I hereby certif	y that the rul	es of the Oil Cor	servation D	ivision have been	complied		0	T CO	NICEDIA	TON DU	SYON							
with and that the information given above is true and complete to the best of my knowledge and belief) Signature:						OIL CONSERVATION DIVISION												
Printed name:						SUPERVISOR												
Charles E. Smith							Title:											
Co- Manager						Approval Date:												
Date: 01/26/98 Phone 918-742-5200 If this is a change of operator fill in the OGRID number and name of the previous operator																		
Hawkins Oil & Gas, Inc. #010221																		
Mille	Printed Name Title Date William L. Turner, III Land Manager 01/26/98																	
			· · · · · ·	New Me	xico Oil	Conserva	New Mexico Oil Conservation Division 6-104 Instructions											

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

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

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 cartifications for

changes of operator, property name, well number, $\mathbf{tr}^{-\infty}\mathbf{porter},$ 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.
- 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:

 NW New Well

 RC Recompletion

 CH Change of Operator (include the effective date.)

 AO Add oil/condensate transporter

 CD Change oil/condensate transporter

 AG Add gas transporter

 CG Change gas transporter

 RT Request for test allowable (include volume requested) 3.

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.

6.

8.

9.

13.

14.

27.

32.

33.

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

State Fee Jicarilla

Navajo Ute Mountain Ute Other Indian Tribe

The producing method code from the following table:

Flowing Pumping or other artificial lift

- MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the District approved C-129 for 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17. completion
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- 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 Oll
 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 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
- 26. MO/DA/YR this completion was ready to produce
 - Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if eponholo 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 of the well bore
 - Outside diameter of the casing and tubing
 - 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
- MO/DA/YR that gas was first produced into a pipeline 36. 37. MO/DA/YR that the following test was completed

- 38. Length in hours of the test
- Flowing tubing pres. a oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- Diameter of the choke used in the test 41.
- Barrels of oil produced during the test 42.
- Barrels of water produced during the test 43.
- MCF of cas produced during the test 44.
- Gas well calculated absolute open flow in MCF/D 45.
- The method used to test the well: 46.

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.