District [PO Box 1980, Hebbs, NM 88241-1980

State of New Mexico

Form C-104

District II

20 Drawer DD, Artesia, NM 88211-0719

Revised February 10, 1994 Instructions on back

	POROLE OF CHEE
Appropriate	District Office
•••	5 Copies
	Appropriate

PO Drawer DD, District III 1000 Rie Brazes			PO Box 2088				Submit to Appropriate District Office 5 Copies					
District IV				Santa	Fe, NM	[875U4	-2088				7 AM	ENDED REPORT
PO Box 2008, S I.			FOR A	LLOWA	RLE AL	JA CIV	LXOHL	7AT	TON TO T	 D A NS		
		1	Operator Ba	me and Addre	1445	12	1110	44	1011 10 11		D Numb	
Marks a	ind Gar	mer Produ cts & Gas	uction,	LTD. Co	5.					0140	070	
P. O. E	Box 755	5		65, A	• ,				To add L/ID	Resson fo	for Filing	
		xico 8824	41		· · · · · · · · · · · · · · · · · · ·				remain the			ested Ogrid # 12/01/94
30 - 0 25-	API Number				•	Pool Name						Pool Code
L	reporty Code			Doub.	le X De				ســـــــــــــــــــــــــــــــــــــ		190	
	горану Сес 6563	•				roperty Na						Vell Number
		Location	 -		Hanaqa	an B F	'ederal		· · · · · · · · · · · · · · · · · · ·		00	1
U) er lot se.	Section	Towaship	Range	Lot.ida	Feet from	n jhe	North/Sout	th Line	Feet from the	East/W	est line	County
o	15	245	32E		660	/	SOUT		1980	EAS		LEA
11]	Bottom	Hole Loca			-	V 1., 1			100		71	ПЕЛ
UL or lot me.	Section	Township	Range	Lot Ida	Feet from	the .	North/Sou	ath line	Feet from the	East/W	/est line	County
0	15	24S	32E		660	V	SOUT	CH	1980	EAS	5T	LEA
12 Lee Code	" Product	ting Method Cod		Connection D	ate "C	-129 Perm	it Number	'	" C-129 Effective	Date	" C.	·129 Expiration Date
F UI Oil a	L	P		/31/64				<u></u>				
III. Oil at		Transporte	CIS Transporter l									
OGRID		· · · · · · · · · · · · · · · · · · ·	and Addres	96		* POI		" O/G		POD UI	LSTR Le Description	
007440	<u>'</u>	OIT Energy		g LP		12738	10	0	0-15-	245-32		
PARTE STATE	MAN P	P.O. Box 11 Houston, Tex		·-1188	33	12/30.		<u> </u>		440 0_	E	
009171					A., 10.			TAVEL NA	 			
003111	GE	PM Gas Co	_		1712	127383	N 2 31 2 32 3	G	0-15-2	24S-32	Æ	
Embel .		artlesvil	.le, ok									<u></u>
200 3 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1									4			
					- Witte	V. 1971.		nestana.				
aling transfer of	2012				2000	GACO VOXO	An an one pro	Seeker Sk				
IV Prod	uced Wa	ater										
	POD	aici				" POD UI	STR Locatio	and !	Description			
						• •	# 6 0v	M	Amot space			
		tion Data						-				
L Sp	pud Date		* Ready D	ate		מד יי			* PBTD			1º Perforations
												·
	" Hole Size		* (Casing & Tubi	ing Size		n D	Depth Se	st		30 Sach	ks Cement
			 									
								··				
	Test Da			7								
M Date N	lew Oil	™ Gas Des	livery Date	77	Cest Date		" Test Long	<u>jú</u>	" Tog. P	Leven La	T	" Cag. Pressure
" Chok	El=	4	Oil	41	Water		4 Gas					
-	•		7 8		W SIET		~ Um		4 AC)F		⁴ Test Method
" I bereby cert	ify that the r	rules of the Oil Co	onservation [Division have b	eca complied		**********			-		
with and that the knowledge and	pe jal oumnio	on given above is	true and com	plets to the ber	st of my		OIL	- CO	NSERVAT	ION I	SIVIC	ION
Signature:				Approve	Approved by: ORIGINAL SIGNED BY JELRY SEXTON							
Printed aspec	1	Ch IN	MM	<u> </u>		Title:			ISTRICT SUP) g ==
Laren Holler						Approva	J Date:					
Date: 3.0 /	Agent		Phone		-							<u> </u>
12/	14/94	perator fill in the	ACRIT N	05) 393-	-2727	سسا						
** **	Addigo or .,	ACCRECATE SINCE MAN AND ADDRESS.) White ==.	Siber and some	M Of Life pre-	rious opera	Ler					
Previous Operator Signature						Printe	ed Name			n	ltie	Date
4												

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 walls.

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.

- 1. 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
AO Add oil/condensate transporter
CO Change oil/condensate transporter
AG Add gas transporter
CG Change gas transporter
RT Request for test allowable (Include 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
- The property name (well name) for this completion 8.
- 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.
- 11. The bottom hole location of this completion
- 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:
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.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this completion 17.
- 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 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
- 27 Total vertical depth of the well
- Plugback vertical depth
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- 30. incide diameter of the well bore
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and bottom.
- Number of sacks of cement used per casing string 33.

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.

- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- 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 gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- The method used to test the well:
 F Flowing
 P Pumping
 S Swebbing 45.

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.

RECEIVED

DEC 2 1 1994

OCD HOBBS OFFICE