District I PO Box 1966, Hobbs, NM 22241-1960 District II

State of New Mexico

Form C-104 Revised February 10, 1994 Instructions on back

NO Drawer DD, Artesia, NM 82211-0719 District III			• 0	OIL CONSERVATION DIVISION					Submit to Appropriate District Office			
1000 Rie Brazes Rd., Aztec, NM 87410			PO Box 2088 Santa Fe, NM 87504-2088					5 Copies				
District IV PO Box 2003, 8	ianta Ea Niki	97504-3000	,						☐ AMENDED REPORT			
I.				LLOWA	BLE AN	VD AT	THORE	7.AT	וחא דח די	A MCDOD	T	
I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator name and Address OGRID Number												
Marks a	and Garr	ner Pro	duction,	LTD. Co					014070			
c/o Oil Reports & Gas Services, Inc., P. O. Box 755									To add L/ID * Reason for Filing Code			
Hobbs,		cico 88	241	41					to operator name. Requested Ogrid # remain the same. Eff. 12/01/94			
	Pl Number			⁵ Pool Name					Pool Code			
30 - 025-			Double X Delaware							19090		
Preperty Code 006575			* Property Name						* Well Number		Well Number	
				U. S. Smelting Federal							004	
II. 10 (Surface :	Location	Range	Lot.lds	18.4							
				Lot.ida Feet from the North/Sout		h Line						
G	22	245		<u> </u>	2/3	10	NORT	Н	1650	EasT	Lea	
Il Bottom Hole I				15.4	10/ 10/ 15			 	,			
G 22		248		Range Lot Ida F		100	^		Feet from the	East/West line County Lea		
13 Lee Code		ng Method (Connection D	23	-129 Perm	NORT		1650	EAST		
F						·172 Lelen	r vamoti	'	C-129 Effective	Date "	C-129 Expiration Date	
III. Oil and Gas Transporters												
Transpo	rier		"Transporter i	Name		» PO	D	94 O/G		POD ULSTR	Lecation	
OGRID			and Address					and Description				
007440		OTT Energy Operating LP . O. Box 1188				1273710 0			B-22-24S-32E			
Division 150		ouston, Texas 77251-1188										
000171			~~~			272720		P.22.245.20m				
Daniel Daniel			re corb.			273730 G		B-22-24S-32E				
Bartlesv												
\$40.00 km				1	a water and the same							
						We the state of th					***	
allinger Kirker in Significant	4.13.8			<i>3.</i> 3			and the second of the second o					
IV. Produced Water												
* POD ULSTR Location and Description												
100 OF31K Focuses and Description												
V. Well	Complet	ion Data	2									
" Spud Date			M Ready Date			"TD		" PBTD		" Perforations		
M Hole Size			H Casing & Tubing Size			M Depth Se			4 4		eks Cement	
											· · · · · · · · · · · · · · · · · · ·	
							·					
VI. Well	Test Da	ta			·····	<u>l</u>						
H Date N			Delivery Date	* T	2 Test Date		²⁷ Test Leagth		" Tog. Pr	create.	" Cag. Pressure	
							_		-		Ţ	
" Choke Size		4 Oil		4 Water			" Gas		4 AO	F	4 Test Method	
							<u></u>					
" I hereby cert	ify that the ru	les of the Oil	Conservation D	ivision have be	ca complied			~~	1000011	· · · · · · · · · · · · · · · · · · ·	srov:	
with and that the information given above is true and complete to the best of my knowledge and belief.							OIL CONSERVATION DIVISION					
Signature: Taren Holler							Approved by: ORIGINAL SIGNED BY JURBY SEXTON					
Printed mater:	Laren	Holler		. ""		Title: DISTRICT I SURENVISOR						
Title:	Agent						Approval Date:			1 (20 4700		
Date: 12/14/94			Phone: (505) 393-2727				Approvid Date: 3.15.15				(3 (3)(7)	
		rator (il la	the OGRID no	mber and na-	6 0 the ne-	dens areas	lar		77 . 2 . 4			
							-					
	Previous C	perator Sign	nature		d Name			Title	Date			

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 despende well must be accompanied by a tabulation of the deviation tests conducted in accordance with fluie 111.

All sections of this form must be filled out for allowable requests on

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.

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 New Well
Recompletion
Change of Operator
Add oil/condensate transporter
Change oil/condensate transporter
Add gas transporter
Change gas transporter
Request for test allowable (include volume requested) uested)

If for any other reason write that reason in this box.

- The API number of this well
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- The property code for this completion
- The property name (well name) for this completion 8.
- The well number for this completion 9.
- 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

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.
- 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
- MO/DA/YR of the expiration of C-129 approval for this 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.)
- 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: "Sattery A Water Tank", "Jones CPD Water 24.
- 25. MO/DA/YR drilling commenced
- 26. MO/DA/YR this completion was ready to produce
- Total vertical depth of the well 27.
- Plugback vertical depth 28.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- incide diameter of the well bore
- Outside diameter of the easing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- Number of sacks of cement used per casing string

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. MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 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:

Flowing Pumping Swebbing

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.

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OFFICE