

District I  
PO Box 1980, Hobbs, NM 88241-1980  
District II  
PO Drawer DD, Artesia, NM 88211-0719  
District III  
1000 Rio Brazos Rd., Aztec, NM 87410  
District IV  
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico  
Energy, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION  
PO Box 2088  
Santa Fe, NM 87504-2088

Form C-104  
Revised February 10, 1994  
Instructions on back  
Submit to Appropriate District Office  
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

|                                                                                                                           |                                               |                                                                 |
|---------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------|-----------------------------------------------------------------|
| <sup>1</sup> Operator name and Address<br>Powerline Energy Corp. Inc<br>5680 N. I-35 Industrial Blvd.<br>Edmond, OK 73034 |                                               | <sup>1</sup> OGRID Number<br>17978                              |
|                                                                                                                           |                                               | <sup>1</sup> Reason for Filing Code<br>CO + CH Effective 1-1-95 |
| <sup>4</sup> API Number<br>30 - 025-23973                                                                                 | <sup>4</sup> Pool Name<br>Dublin Devonian     | <sup>4</sup> Pool Code<br>76117                                 |
| <sup>7</sup> Property Code<br>005094 16532                                                                                | <sup>7</sup> Property Name<br>Tenneco Federal | <sup>7</sup> Well Number<br>001                                 |

II. <sup>10</sup> Surface Location

| UL or lot no. | Section | Township | Range | Lot Idn | Feet from the | North/South Line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| N             | 12      | 26S      | 37E   |         | 990           | South            | 2310          | West           | Lea    |

<sup>11</sup> Bottom Hole Location

| UL or lot no.               | Section                             | Township                          | Range                             | Lot Idn                            | Feet from the                       | North/South line | Feet from the | East/West line | County |
|-----------------------------|-------------------------------------|-----------------------------------|-----------------------------------|------------------------------------|-------------------------------------|------------------|---------------|----------------|--------|
|                             |                                     |                                   |                                   |                                    |                                     |                  |               |                |        |
| <sup>12</sup> Lee Code<br>F | <sup>12</sup> Producing Method Code | <sup>12</sup> Gas Connection Date | <sup>12</sup> C-129 Permit Number | <sup>12</sup> C-129 Effective Date | <sup>12</sup> C-129 Expiration Date |                  |               |                |        |

III. Oil and Gas Transporters

| <sup>13</sup> Transporter OGRID | <sup>13</sup> Transporter Name and Address | <sup>13</sup> POD | <sup>13</sup> O/G | <sup>13</sup> POD ULSTR Location and Description |
|---------------------------------|--------------------------------------------|-------------------|-------------------|--------------------------------------------------|
| 012852                          | Roch Service Inc                           | 1075910           | B                 |                                                  |
| 007057                          | El Paso Natural Gas Co                     | 1075930           | B                 |                                                  |
|                                 |                                            |                   |                   |                                                  |
|                                 |                                            |                   |                   |                                                  |
|                                 |                                            |                   |                   |                                                  |

IV. Produced Water

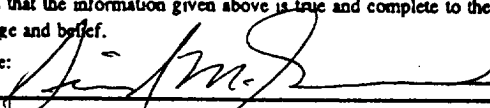
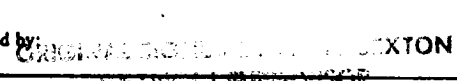
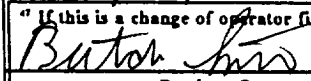
|                              |                                                  |
|------------------------------|--------------------------------------------------|
| <sup>14</sup> POD<br>1075950 | <sup>14</sup> POD ULSTR Location and Description |
|------------------------------|--------------------------------------------------|

V. Well Completion Data

| <sup>15</sup> Spud Date | <sup>15</sup> Ready Date           | <sup>15</sup> TD        | <sup>15</sup> PSTD         | <sup>15</sup> Perforations |
|-------------------------|------------------------------------|-------------------------|----------------------------|----------------------------|
|                         |                                    |                         |                            |                            |
| <sup>16</sup> Hole Size | <sup>16</sup> Casing & Tubing Size | <sup>16</sup> Depth Set | <sup>16</sup> Sacks Cement |                            |
|                         |                                    |                         |                            |                            |
|                         |                                    |                         |                            |                            |
|                         |                                    |                         |                            |                            |

VI. Well Test Data

| <sup>17</sup> Date New Oil | <sup>17</sup> Gas Delivery Date | <sup>17</sup> Test Date | <sup>17</sup> Test Length | <sup>17</sup> Tbg. Pressure | <sup>17</sup> Csg. Pressure |
|----------------------------|---------------------------------|-------------------------|---------------------------|-----------------------------|-----------------------------|
|                            |                                 |                         |                           |                             |                             |
| <sup>18</sup> Choke Size   | <sup>18</sup> Oil               | <sup>18</sup> Water     | <sup>18</sup> Gas         | <sup>18</sup> AOF           | <sup>18</sup> Test Method   |
|                            |                                 |                         |                           |                             |                             |

|                                                                                                                                                                                                                                                                                                            |  |                                                                                                               |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------|--|
| <sup>19</sup> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.<br>Signature:  |  | <b>OIL CONSERVATION DIVISION</b>                                                                              |  |
| Printed name: David M. Reavis                                                                                                                                                                                                                                                                              |  | Approved by:  BUTCH SMITH |  |
| Title: President                                                                                                                                                                                                                                                                                           |  | Title: DISTRICT I SUPERVISOR                                                                                  |  |
| Date: 1/25/95                                                                                                                                                                                                                                                                                              |  | Approval Date: FEB 09 1995                                                                                    |  |
| Phone: 405-359-6965                                                                                                                                                                                                                                                                                        |  |                                                                                                               |  |
| <sup>20</sup> If this is a change of operator fill in the OGRID number and name of the previous operator                                                                                                                                                                                                   |  |                                                                                                               |  |
|  Butch Smith                                                                                                                                                                                                             |  | Vice President Operations                                                                                     |  |
| Previous Operator Signature                                                                                                                                                                                                                                                                                |  | Printed Name                                                                                                  |  |
| Hawkins Oil & Gas, Inc. #010221                                                                                                                                                                                                                                                                            |  | Title                                                                                                         |  |
|                                                                                                                                                                                                                                                                                                            |  | Date: 1/27/95                                                                                                 |  |

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

Report all gas volumes at 15.025 PSIA at 60°.

Report all oil volumes at 15.025 PSIA at 60°.

A request for allowable for a newly drilled or deepened well must be accompanied by a location 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 certificate for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filled for each pool in a multiple completion.

Improperly filled out or incomplete forms may be resubmitted by 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.

Reason for filling code from the following table:

|    |                                                       |
|----|-------------------------------------------------------|
| RT | Request for test allowable (include volume requested) |
| AG | Add gas transporter                                   |
| CG | Change gas transporter                                |
| AO | Add oil/condensate transporter                        |
| CO | Change oil/condensate transporter                     |
| CH | Change of Operator                                    |
| RC | Recompletion                                          |
| NW | New Well                                              |

1. Operator's name and address

2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.

3. Reason for filling code from the following table:

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

8. The property name (same) for this completion

9. The well number for this completion

10. The location. NOTE: If the location is in the "UL" or lot no. box, use the "UL" or lot no. box.

11. The bottom hole location of this completion

12. Lease code from the following table:

|   |                    |
|---|--------------------|
| F | Federal            |
| S | State              |
| P | Private            |
| U | Ute Mountain Ute   |
| I | Other Indian Tribe |

13. The producing method code from the following table:

|   |                                  |
|---|----------------------------------|
| F | Flowing                          |
| P | Pumping or other artificial lift |

14. MO/DA/YR that this completion was first connected to a gas transporter

15. The permit number from the District approved C-129 for this completion

16. MO/DA/YR of the C-129 approval for this completion

17. MO/DA/YR 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. Write it here.

21. Product code from the following table:

|   |     |
|---|-----|
| O | Oil |
| G | Gas |

22. 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.)

23. 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.

24. 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.)

25. MO/DA/YR drilling commenced

26. MO/DA/YR this completion was ready to produce

27. Total vertical depth of the well

29. Plugback vertical depth

Top and bottom perforation in this completion or casing shoe and TD if openhole

30. Inside diameter of the well bore

31. Outside diameter of the casing and tubing

32. Depth of casing and tubing. If a casing liner show top and bottom.

33. 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.

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

38. Flowing tubing pressure - oil wells

39. Shut-in tubing 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

45. The method used to test the well:

|   |          |
|---|----------|
| F | Flowing  |
| P | Pumping  |
| S | Swabbing |

If other method please write it in.

46. 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, the date this report was signed, and the telephone number to call for questions about this report

16. MO/DA/YR of the C-129 approval for this completion

17. MO/DA/YR 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. Write it here.

21. Product code from the following table:

|   |     |
|---|-----|
| O | Oil |
| G | Gas |

RECEIVED

OFFICE