

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

State of New Mexico
Oil, Minerals & Natural Resources Department

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

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

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address F&M Oil and Gas Company Attention: George H. O'Brien, Agent P.O. Box 1717 Midland, Texas 79702		OGRID Number 134666
Reason for Filing Code Change of Operator effective OCT 1, 1994		
API Number 30 - 0 25-27245	Pool Name Langlie Mattix Seven Rivers QN GB	Pool Code 37240
Property Code 16112	Property Name Terra Federal	Well Number 1

II. Surface Location

UL or lot no. K	Section 22	Township 25S	Range 37E	Lot Idn	Feet from the 1980	North/South Line S	Feet from the 2310	East/West line W	County Lea
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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
Lae Code F	Producing Method Code P	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID 015694 20445	Transporter Name and Address Scurlock Permian	POD 0656010 110	O/G 0	POD ULSTR Location and Description K-22-25S-37E

IV. Produced Water

POD	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

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. Signature: <i>George H. O'Brien</i> Printed name: George H. O'Brien Title: Agent Date: 10-31-94 Phone: 915-684-6445		OIL CONSERVATION DIVISION Approved by: ORIGINAL SIGNED BY TERRY SEXTON Title: DISTRICT I SUPERVISOR Approval Date: DEC 01 1994	
If this is a change of operator fill in the OGRID number and name of the previous operator Carr Well Service, Inc. Previous Operator Signature		Agent <i>George H. O'Brien</i> 10-31-94 Printed Name Title Date	

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

File: Carr -
L-133

Operator Carr Well Service, Inc.	Well API No.
Address c/o George O'Brien, Box 1717, Midland, TX 79702	
Reason(s) for Filing (Check proper box) New Well <input type="checkbox"/> Change in Transporter of: Recompletion <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Change in Operator <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	
If change of operator give name and address of previous operator Tempo Energy, Inc., 4000 N. Big Spring, Suite 109, Midland, Texas 79705	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Terra Federal	Well No. 1	Pool Name, Including Formation Langlie-Mattix-7 Rivers QU GB	Kind of Lease XXX, Federal XXX	Lease No. LC-063261
Location Unit Letter K : 1980 Feet From The South Line and 2310 Feet From The West Line Section 22 Township 25S Range 37E, NMPM, Lea County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Scurlock Permian	Address (Give address to which approved copy of this form is to be sent) P. O. Box 4648, Houston, Texas 77210-4648					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas	Address (Give address to which approved copy of this form is to be sent) Sid Richardson					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When ?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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.

Signature
George M. Hork
Printed Name
11 Nov 91
Date
915-362-4324
Telephone No.

OIL CONSERVATION DIVISION

Date Approved NOV 21 1991

By ORIGINAL SIGNED BY JERRY SEXTON
DISTRICT I SUPERVISOR

Title

FOR RECORD ONLY

APR 30 1993

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate Form C-104 must be filed for each pool in multiply completed wells.

RECEIVED

APR 26 1993

OCD HOBBS OFFICE

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

DISTRICT II
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III
1000 Rio Brazos Rd., Aztec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

Operator Carr Well Service, Inc.	Well API No.
Address c/o George O'Brien, Box 1717, Midland, TX 79702	
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)	
New Well <input type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of operator give name and address of previous operator Tempo Energy, Inc., 4000 N. Big Spring, Suite 109, Midland, Texas 79705	

II. DESCRIPTION OF WELL AND LEASE

Lease Name Terra Federal	Well No. 1	Pool Name, Including Formation Langlie-Mattix-7 Rivers QU GB	Kind of Lease State Federal XXX	Lease No. LC-063261
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	Twp.	Rge.
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Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

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OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

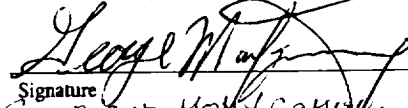
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Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas- MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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I hereby certify that the rules and regulations 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.

Signature 
Printed Name George McGovern
Date 11/04/91
Title Chairman
Telephone No. 915-362-4324

OIL CONSERVATION DIVISION

Date Approved NOV 21 1991
By ORIGINAL SIGNED BY JERRY STICKON
Title

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