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PO Drawer DD, Artesia, NM 88211-0719 District III

Form C-104 Revised February 21, 1994 Instructions on back Submit to Appropriate District Office

OIL CONSERVATION DIVISION

State of New Mexico Energy, Minerals & Natural Resources Department

District III 1000 Rio Brazo	ı llıl Aztec	NN1 87410		Causta		30x 2088						5 Copie		
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11 Lie Code		ng Method Cod		Connection I		" C-129 Perm			C-129 Effective 1			Son Juan 129 Expiration Date		
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III. Oil a	·	Transport	ers		L		···				1			
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V. Produced Water														
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,	id Date		24 Ready Date						" PBTD - < - ×			' l'erforations		
04/04		05/	12/94		(039'		(QC	391 -	-	50 5. See	Attached		
	" Hole Size		, ,, 0	Casing & Tub	ing Size			Depth Sci			33 Sucks Cement			
121/4"			8.625"				7	53'	480 CLB					
7.875 "			5.5"				6	600	1 1st: 410 CLB					
			-				_		1	nd:	480			
								3rd: 420CLB Tailw/						
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100	rice !	N	'A	108	BLS		278n	rE	2760	nc =	1 7	F		
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								OIL CONSERVATION DIVISION						
knowledge and I	belief.	BIACH TOOKS 12 !	rue anu com	A .	tormy		OI	r con	SERVATIO	ON D	IVISI	ION		
Signature: Approved by: 37.8														
Printed names		L	Title:	SUPERVISOR DISTRICT 40										
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Date: 10.6	> Hn			Approval Date: NOV 2 9 1994										
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New Mexico Oil Conservation Division C-104 Instructions

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IF TH	IS IS AN AMENDED REPORT, CHECK THE BOX LABLED NDED 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 wells.								
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.								
qotqui.	arly filled out or incomplete forms may be returned to							
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 filing code from the following table: NW New Well RC Hecompletion Cil 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 volume requested) If for any other reason write that reason in this box.							
4.	The API number of this well							
េ .	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 (well name) for this completion							
9.	The well number for this completion							
10.	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							
12.	Lease code from the following table: F Federal S State P Fee J Jicarilla N Navajo 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							

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

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.

The gas or oll transporter's OGRID number

Product code from the following table:
O Oil
G Gas

16.

17.

18.

19.

20.

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 MO/DA/YR this completion was ready to produce 26 27. Total vertical depth of the well 28. Plughack vertical depth Top and bottom perforation in this completion or casing shoe and TD if openhole 29. 30. inside diameter of the well bore Outside diameter of the casing and tubing 31. 32, Depth of casing and tubing. If a casing liner show top and boitom. 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 now oil was first produced 35. MO/DA/YR that gas was first produced into a pipeline 36, MO/DAIYR 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. 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. Barrols 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.

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

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