District I PO Box 1980, Hobbs, NM 88241-1980 State of New Mexico Energy, Minerals & Natural Resources Department

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

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088 Form C-104 Revised February 21, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

AMENDED REPORT

I.	BLE AND ddress Compariy	AUTHOR!	THORIZATION TO TRANSPORT  2 OGRID Number 000778  3 Reason for Filing Code CH Effective 5-01-1996								
	PI Number	,	<sup>5</sup> Pool Name West Kutz Pictured Cliffs					<sup>6</sup> Pool Code <b>79680</b>			
	045-23602 operty Code		8 Property Name					9 Well No.			
00570			Gallegos Canyon U				it 277				
II. 10 Surface Location UL or lot no.   Section   Township			Range Lot Idn Feet from the			North/South line Fee		et from the East/Wes		st line County	
E	15	28N	12W	1,01 1011	1770	NORTH		320	WEST		SAN JUAN
<sup>11</sup> Bottom Hole Lo											
UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South lin	e Feet	from the	East/West	est line County	
12 Lse Code F	`	Method Code	de 14Gas Connection Da 03/1980		ate 15 C-129 Peri	i	<sup>16</sup> C-129 Effective N/A		e	17 C-129 Expiration Date N/A	
	l	ransport	J								
18 Transpor	ter	19	9 Transporter Name and Address			<sup>20</sup> POD	····	<sup>22</sup> POD ULSTR Location and Description			
7057			aso Natu	ıral Gas		0560430 G			alle	. Description	×**
7057		P.O. Box 4990 Farmington, NM 87499				0300430 G					
IV. Produced Water  24 POD ULSTR Location and Description  DISTR 3											
V. Well Completion  25 Spud Date		Ion Data	<sup>26</sup> Ready	Date	2	7 TD		28 PBTD		<sup>29</sup> Perforations	
<sup>30</sup> Hole Size			31 Casing & Tubing		ubing Size	Size 32 Depth		ı Set		33 Sacks Cement	
VI. Well	Test Da	ta	<u> </u>	<del></del>							
			Delivery Date 36		6 Test Date	37 Test Les	ngth	38 71	g. Pressure	1	9 Csg. Pressure
40 Chok	40 Choke Size		Oil	il 42 Water		43 Gas		44 AOF		4	<sup>5</sup> Test Method
<sup>46</sup> I hereby certificomplied with a my knowledge a Signature:	nd the inform					Approved by:			RVATIO		
Printed Name: Patty Haefele						Approved by: 77 & SUPERVISOR DISTRICT #3					
Title: Staff Assistant						Approval Date:					
Date: April 8,1996 Phone: (303) 830-4988						APR 7 5 1996					
47 If this is a c		rator fill in the		ımber and n	ame of the previo			Opera			ail 2 4000
J.	T/// 100 0	perator Signati				J.C. Harris Printed Name		Superin	tendent	Ар	ril 3,1996 Date