District I PG Box 1980, Hobbs, NM 88241-1980 District II

Form C-104	
Revised October 18, 1994	
Instructions on back	(
Submit to Appropriate District Office	Si
5 Copies	

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	Revised October 18, 1994
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Submit to	o Appropriate District Office
	5 Copies

811 South First, Artesia, NM 88210 District III 1000 Rio Brazos Rd., Aztec, NM 87410			C		2040	Sout	th Pac		ON	Sul	bmit to A _l		riate District Office 5 Copi	
District IV					Santa	Fe,	NM 8	37505				Т ам	IENDED REPOR	
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			Operator na	ine and A	Address						¹ OGRI			
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	D	ENVER,	, COLORA	ADO	8020	1					3 Reason fo	or Filing	g Code	
• ^	API Number						Pool Nume						Pool Code	
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	roperty Code						roperty	Name					Vell Number	
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		Hole Loc												
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V. Well (· · · · · · · · ·			····		- B		יהחוה פ	
²³ Spud	Date		Ready Date		27	TD	" PBTO " Perforation						" DIIC, DC,MC	
2/22/		1/	/26/96 1800' KB				1	1576' KE		1550-15			**************************************	
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4 Choke	Size	42	42 Oil 49 Water				" Gas			45 AOF		+-	* Test Method	
3/8" 0		0			4(133				_	Р	
"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						mplied ny	OIL CONSERVATION DIVISION							
knowledge and be Signature:	elief.	<i>⊘</i> .√.	0 0				Approved by: 37.							
Printed name:						CHEENICA DICTORT 40								
Patty Haefele V ,							Tate							
		Assista					Арргоч	val Date:		MAY_	2 8 1996	<u> </u>		
Date: 5/20/96 Phone: (303) 830-4988 "If this is a change of operator fill in the OGRID number and name of the previous							<u> </u>		====					
** II tito to a sec	wufe or ober	ator im m sa	ie OGRID num	ber and i	name of ti	lie previ	ious oper	ator						
	Previous O _j	perator Signa	ature				Prin	ted Name			Title		Duta	

State of New Mexico
Energy, Minerals & Natural Resources Department

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 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.

Improperly filled out or incomplete forms may be returned to 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. 2

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator (Include the effective date.)

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
- The property code for this completion
- The property name (well name) for this completion
- 9 The well number for this completion
- 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.
- The bottom hole location of this completion 11.
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla
 N Navajo
 U Ute Mountain Ute
 I Other Indian Tribe 12.
- 13. The producing method code from the following table:
 F Flowing
 P Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14. gas transporter
- 15.
- The permit number from the District approved C-129 for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17

MO/DA/YR of the 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
- 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

16

- 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
- 26 MO/DA/YR this completion was ready to produce
- 21 Total vertical depth of the well
- Plugback vertical depth 28.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore. 30.

- 31 Inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and
- 34 Number of sacks of cement used per casing string

If 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.

- 35. MO/DA/YR that new oil was first produced
- 36. MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed 37.
- 38. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 39
- 40. Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- Barrels of water produced during the test 43.
- MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- 46. 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 47.
- 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 presen 48. signed by that person