<u>District I</u> 625 N. French Dr., Hobb <mark>s, NM 88240</mark> <u>District II</u>			State of New Mex Energy, Minerals & Natura						Form C- Revised March 25, 1			
H I South First, Artesia, NNI 88210 <u>District III</u> 000 Rio Brazos Rd., Aztec, NNI 87410 District IV			OIL CONSERVATION DIVISIO 2040 South Pacheco Santa Fe, NM 87505					ON	Submit to Appropriate District O 5 Co			
		Fe, NM 87505								L]		ENDED REPO
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			•	OIL COMPANY) Numbe 016	r
		8080 N. CE		(PRESSWAY, SU S, TX 75206	JTTE 660				8	³ Reason for CII effect		
	API Number				^s Po	ool Name		·				ool Code
<u>30 - 025-03624</u> ⁷ Property Code			CROSSROADS DEVONIAN, WEST							13590		
2554.	5 14418				-	ERAL G-					* We	ll Number 001
. 10 . I ar lot no.		Location		<u> </u>		r				.		
i ar tot no. i	ot no. Section Townshi 31 98		-		Feet from th 2310			ith Line	Feet from the 2173	East/West line		County LEA
11	I Bottom I	L Iole Locat	ion	II								
1. or lot no.	Section	Township	Range	Lot Idn	Fect from tl	he	North/Sa	ath line	Feet from the	East/Wes	t line	County
	11.00		<u> </u>							<u> </u>		
¹² Lse Code P	Produc	ing Method Code P	Gas	Connection Date	" C-12	29 Permit	t Number		* C-129 Effective	Date	" C-12	9 Expiration Da
		ransporters			<u>r</u> _		r					
¹⁴ Transporter OGRID		¹⁹ Transporter Name and Address				¹⁰ POD		¹¹ O/G	²² POD ULSTR Location and Description			
21778		SUNOCO, INC	., 1004 N. B	IG SPRING #575	,	254881	0	0				
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1)	Ced Wat	er	NONE			POD ULS	STR Locati	on and D	escription			
548850	POD		NONE			POD ULS	STR Locath	on and D	escription			
548850 Well C	ron Completi	on Data			²⁷ TD	POD ULS	STR Locath		escription ²⁹ Perfora	tions		³⁹ DHC, MC
548850 Well C	POD Completi 1 Date 1/60	on Data	ady Date /04/60		²⁷ TD 12070'	POD ULS	28 PBT	1)	²⁹ Perfora			
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548850 Well C	POD Completi 1 Date 1/60	on Data	ady Date /04/60		²⁷ TD 12070'	POD ULS	28 PBT	1)	²⁹ Perfora			
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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 ellowable 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 sllowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator cartifications 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 1.
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2
- 3.
- Reason for filing code from the following table: NW New Well RC Recompletion CH Change of Operator AO Add oll/condensate transporter CO Change oll/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. If for any other reason write that reason in this box.
- The API number of this well 4. The name of the pool for this completion
- Б.
- The pool code for this pool 6.
- The property code for this completion 7.
- The property name (well name) for this completion 8.
- The well number for this completion 9.
- 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. Lesse code from the following table: 12.
 - Federal State Fee Jicnrille Navajo Uta Mountain Uta Other Indian Tribe

6 P

J N U

- The producing method code from the following table: 13. Flowing Pumping or other artificial lift
 - MO/DA/YR that this completion was first connected to a
- 14. gas transporter
- The permit number from the District approved C-129 for this completion 16.
- MO/DA/YR of the C-129 approval for this completion 10.
- MO/DA/YR of the expiration of C-129 approval for this 17. completion
- The gas or oil transporter's OGRID number 10.
- 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. 19. 20.
- Product code from the following table: 21.
 - Oll Gas

0 a

- 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 recomplation 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 24. (Example: " Tank", sto.)
- MO/DA/YR drilling commenced 26.
- MO/DA/YR this completion was ready to produce 20.
- Total vertical depth of the well 21

bottom.

Number of sacks of coment used per casing string 33.

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.

- MO/DA/YR that new oll was first produced 34.
- MO/DA/YR that gas was lirst produced into a pipeline 35.
- MO/DA/YR that the following test was completed 36.
- Length in hours of the test 37.
- Flowing tubing pressure oil wells 38. Shut-in tubing pressure - gas wells
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- Diameter of the choke used in the test 40.
- Barrels of oll produced during the test 41.
- Barrels of water produced during the test 42.
- MCF of gas produced during the test 43.
- Gas well calculated absolute open flow in MCF/D 44.
- The method used to test the well: 45.
 - Flowing Pumping Swabbing
 - þ
 - 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 46. 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 47.

1.