District I PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico

Form C-104 Revised February 10, 1994 Instructions on back

District II NO Drawer DD, Artesia, NM 82211-0719 District III

OIL CONSERVATION DIVISION

PO Box 2088
Santa Fe NM 87504-2088

Submit to Appropriate District Office
5 Copies

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1600 Rio Brazo	Rd., Aztec,	NM 87410		Santa F	e. NM	. 2000 . 87504	-2088					3 Copies		
District IV PO Box 2068, 8	Santa Fa N.	Ferran Annoe			-,	0,50	2000] AMI	ENDED REPORT		
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4 I hereby cer	ctify that the	ules of the O	il Corregation	Division have be		1			PART LIBERTY POLICE STATE LAND	Manager and the second of the second	or or production			
with and that	the information	n given abov	e is true and co	mplete to the best	t of my		0	IL CC	NSERVAT	ION	DIVIS	SION		
knowledge an Signature:	a bolier	01,11	1. 1			Annrow	ed hv							
Printed name:						Approved by: ORIGINAL SIGNED BY HARY SEXTON								
R.L. WHEELER, JR.					Carrier of the contract of the	Tide: DISTRICT I SUPERVISOR								
ADMIN. SVC. COORD.				Principal Security (1923) (1924)	Approval Date: JAN 2 7 1995									
Date: 1-19-95 Phone: (505) 393-2144 To If this is a change of operator fill in the OGRID number and name of the previous							den de la companya de		en manganister, dan pipa da Arrida da mario de Calabraca e e e e e e e e e e e e e e e e e e	inde in myselve reported at the control of the latest of t	randing his comprised the Try case (Landon M. Re- chae try the parties of the	Plantin II. (1970) i Albertarani dalah Kabul Malain kendal Antalah Januaran Malain Malain Panan Palain Malain Kabul Antalah Malain Januaran Malain Ma		
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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 marrest whole barrel.

A request for allowable for a newly drilled or despansed 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 walks.

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.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be exeigned and filled in by the District office. 2.
- 3.

Rescon for filing code from the following table:

NW New Wall

RC Recomplation

CH Change of Operator

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add ges transporter

AG Add ges transporter

CG Change gas transporter

RT Request for test allowable (Include volume requested) eted

If for any other reason write that reason in this box.

- 4 The API number of this well
- 5. The name of the pool for this complation
- R The pool ande 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
- 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
- 11. The bettern hole location of this completion
- Lease code from the following table:
 F Federal
 S State
 P Fee
 J Jicarilla
 N Navajo
 U Ute Mountain Ute
 I Other Indian Tribe

- The producing method code from the following table:

 F Flowing
 P Pumping or other satisficial lift 13.
- MO/DA/YR that this completion was first connected to a 14 ges transporter
- The permit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17.
- 18 The gas or oil transporter's OGRID number
- 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
 Gas 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
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28 Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. Inside diameter of the well bore
- ŝт. Outside diameter of the casing and tubing
- Depth of casing and tuking. If a casing liner show top and 32. bottom.
- 33. Number of sacks of carrent used per casing etrica

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 new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the tast
- 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. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D 44
- 45. The method used to test the well: F Flowing
 P Pumping
 S Swebbing
 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 46.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative suthorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.



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