PO B+1 1994, District []	Babba, NY	E 1963 41-19	H)		Earry, M	Laurala & N	stard Room	reau Dupar	Sancad		R	evised	10100 C-10 February 10, 19	
PO Drawer DD, Arcoda, NM \$211-4719				(DIL CO	ATION	Instructions on back Submit to Appropriate District Office							
District III 1998 Rie Brusse Rd., Aster, NM 87418						30x 2088	South to Appropriate Dianet Office S Copies							
District IV						IM 8750	AMENDED DEDOD							
PO Bez 2003, 1	Santa Fe, Y	REQU	EST	FOR A	LLOW	ABLE	RECEIVI	П	RIZAT	TON TO TI		דמ הם		
			' (Operator as	and and Ad-	dress						ID Nemb	and the second	
Hansor	•	•	Com	pany,	Inc.	MAY 31.	'94		009974			l l l l l l l l l l l l l l l l l l l		
Roswel			ico	8820	2-1515	େ ଅ. ଅ	`		* Roman for Fill			Cede		
	VPI Nembe	•				ETESIA OF	INCE	<u></u>	AG			<u> </u>		
				Diablo	San A					* Pool Code 17640				
' Property Code						Preparty N				* Well Namber				
				Hanlad	attery			3						
II. ¹⁰ (Locat		Range	Lot.Ida	Freed	rom the	T Newbye		Fast from the				
Н	28	105	-	27E			550	1	rth	330	Eas'		Coenty Chaves	
11	Bottom	Hole	Local	tion		<u>_</u>		1		L				
UL or lot so.	Section	Tow H		Range	Let Ida	Fost f	rom the	Nerth/S	louth Las	Fost from the	East	ert Las	Cou sty	
¹² Las Code	4	dag Meche												
S	TTOON	a ng mikit i P	d Code	1	C		[•] C-129 Perm 2-793			* C-129 Effective E)3/28/88)wLa		29 Expirates Date efinite	
III. Oil a	nd Gas	Trans	orte											
H Treasport OGRID			" Tr	reasperter !		T	* P O	0	* 0/G		100 UT	STR Loc	sting	
020445		Sour		Downi	an Cor		1063010	063010		ead Description I - 28 - 10S - 27E)	
02044.		P.O.	Box	4648	•		1003010		0	1-20-10.	5-2/C			
020750					7210-40		106303	0	G	T 20 100	275			
020759 Shorehan 333 Clay						100303	U	G	I-28-10S-27E ·					
				Tx. 7							· · · · · · · · · · · · · · · · · · ·			
									<u> </u>					
V. Produ	iced W	ater												
•							" POD UL	STR Local	tion and D	meriptine				
V. Well (Comple	tion D:	ata		- 11971 - 112 -1-2,-3,-3,-3						·····			
	d Date		_	" Ready De	4		מז "	" TD		* 7810	70		" Perforations	
	× a e				-									
	* Bole Stae			" C	ssing & Tut		14 	Depth Sa	¹⁰ Sacka Cement			Cement		

/I. Well		ata					l	••••••			<u></u>			
Date New Oil B Gas D		Detive	clivery Dele M Tal I				" Tost Les		* Tbg. Pre	H610 M8	Ţ,	Cug. Proves re		
" Chake	C.	Minister Antonio and		ومغاولة والحوالة الراح		a. 1.1								
e tres	.1		" 01	I				• C 😖		" AOF	1		Test Me.	
" I bereby center	y that the n	ules of the	Oyl Coo	acryation Di	vis		-Ti-Lan	60.000 M 8000			Contractor and a statements of			
with and that the	suonessoa stief.	a Inven ubo	ve is tru	e and comp	kelu: so the be	st of my				NSERVATI				
Signature:	Pati	ie un	14	1. M	Yea	w	Approved	lby: •	SUPE. Super	RVISOR, DI	STRIC	T T		
Proved Datose: Patricia A. McC				raw		Trule:								
Tide: Production Analyst						Approvid	Approval Date: JUL 2 6 1894							
Dive: 05/26	Contraction of the local division of the loc				2-7330									
" If this is a ch	ange of op	erator fill i	n 14e O	GRID BUG	ber and as a	be of the pr	evious operat	01						
	Previous (perator S	igastun	*		······	Prista	d Name			Tid		Date	
											1.0	-	0114	

	C-104 In	structione			
IF T "AM	HIS IS AN AMENDED REPORT, CHECK THE BOX LABLED ENDED REPORT" AT THE TOP OF THIS DOCUMENT	22.			
	ort all gas volumes at 15.025 PSIA at 60°. ort all oil volumes to the nearest whole barrel.	23.			
	quest for allowable for a newly drilled or deepened well must be impanied by a tabulation of the deviation tests conducted in indance with Rule 111,				
All a new	ections of this form must be filled out for allowable requests on and recompleted wells.	24.			
cnan	ut only sections I, H, IH, IV, and the operator certifications for ges of operator, property name, well number, transporter, or r such changes.	25.			
A se comp	A separate C-104 must be filed for each pool in a multiple completion.				
Impro	Improperly filled out or incomplete forms may be returned to				
opera	itors unapproved.	28. 29.			
1.	Operator's name and address	2J.			
2.	Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.	30.			
3.	Reason for filling code from the following table:	31.			
	NW New Well RC Recompletion CH Change of Operator	32.			
	AO Add oil/condensate transporter CO Change oil/condensate transporter	33.			
	AG Add gas transporter CG Change gas transporter	The fo conduc			
	requested)	34.			
	If for any other reason write that reason in this box.	35.			
4.	The API number of this well	36.			
5.	The name of the pool for this completion				
6.	The pool code for this pool	37,			
		28			

- 7. The property code for this completion
- The property name (well name) for this completion 8.
- 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 ne.' box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
- Lesse 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
- 14. MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 18
- MO/DA/YR of the expiration of C-129 approval for this 17. 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 21.
 - - SUPLAKSOR INSTANCES
 - 3194 114

- The ULSTR location of this POD if it is different from the well = moletion location and a short description of the POD (Example = "Battery A", "Jones CPD", etc.)
- The P The Feature number of the storage from which water is moved from storperty. If this is a new well or recompletion and this has no number the district office will essign a number and write it here.
- 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", "Jones CPD Water (Example: ' Tank",etc.)
- MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce
- Total vertical depth of the well
- Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole
- Inside diameter of the well bore
- Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom.
- Number of sacks of cement used per casing string

offowing test data is for an oil well it must be from a test ucted only after the total volume of load oil is recovered.

- MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed
- 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. Barrele of oil produced during the test
- 42. Barrels 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 Swebbing If other method please write it in.

n na Star Star (star)

1. 1. ...

.

- 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 authorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person 47.