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District I PO Box 1998, Habba.	NM 88241-1988		State of New Mexico Easingy, Millerrais & Natural Resources Department					Revised February 10, Instructions on			
District []	•••••										
PO Drewer DD, Artes District III	in, (181 36311-671	OIL CONSERVATION DIVISION PO Box 2088						Submit to Appropriate District			
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District IV PO Box 2008, Santa F											ENDED REI
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Stephens &	•	Operating Co.					¹ OGRID Number 019958				
POBox 22							¹ Renses for Filing Code				
Wichita Fa	/630/-22	76307–2249						NW			
' AFI Number 30 - 0 15-29619		' Pool Name						* Pool Code			
Property Cade		Millman QN-GB-SA, East							46555		
20545		Millman Famzoil State						' Well Namber 1			
	ce Location	n					·		<u></u>	<u> </u>	
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	ducing Mathed C	ode 14 Gas	Connection Date	" " C	-129 Permi	Number		C-129 Effective	Dete	" C-12	9 Expiration D
S I	P				<u> </u>						
II. Oil and G		rters "Transporter	Name		H POE	<u> </u>	" 0/G				
OGRID	and Adrire	and Advirens					²² POD ULSTR Location and Description				
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	Midland,	TX 797	11-0628				;			/ <i>j</i>	
			Corporation 22 2a Office Bldg			29630 G			J 12-19S-28E Main Tank Battery		
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V. Produced	Water										
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POD *		J 12–195	–28E								
222965											
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IF THIS "Ameni	B IS AN AMENDED REPORT, CHECK THE BOX LABLED DED 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.							
accomp	st for allowable for a newly drilled or deepened well must be anied by a tabulation of the deviation tests conducted in ince with Rule 111.						
All sect	ions of this form must be filled out for allowable requests on d 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 sepa complet	rate C-104 must be filed for each pool in a multiple .ion.						
Imprope operator	rly filled out or incomplete forms may be returned to is unapproved.						
1.	Operator's name and address						
2.	Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.						
3.	Reason for filing code from the following table: NW New Well RC Recompletion CH Change of Operator AO Add oil/condensate transporter CO Change oil/condensate transporter CG 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						
5.	The name of the pool for this completion						
6.	The pool code 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 bottom hole location of this completion
- Lease code from the following table: F Federel 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: Flowing Pumping or other artificial lift P
- MO/DA/YR that this completion was first connected to a gas transporter 14.
- 15. The permit number from the District approved C-129 for this completion
- 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. completion
- 18. The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- 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.
- 21. Product code from the following table: 0 G Oil Gae

- 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.) 2**2**.
- 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 openholo 29.
- 30. Inside diameter of the well bore
- 31 Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and bottom
- 33. Number of sacks of cament used per casing string

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
- MO/DA/YR that gas was first produced into a pipeline 35.
- MO/DA/YR that the following test was completed 36.
- 37. 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. Barrels of oil produced during the test
- 42. Barrele of water produced during the test
- MCF of gas produced during the test 43.
- 44. Gas well calculated absolute open flow in MCF/D
- The method used to test the well: F Flowing P Pumping S Swebbing 45.
 - - - If other method please write it in.
- The signature, printed name, and title of the person suthorized 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.