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Midland, Texas 79701									CU			
						nel Name			7-1-95 * Pail Code			
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	HIS IS AN AMENDED REPORT, Cr. & THE BOX LABLED	22.	The UI STB (
Repo	rt all gas volumes at 15.025 PSIA at 60°. rt all oil volumes to the nearest whole barrel		The ULSTR location of this POO if it is different from the well completion location and a short description of the PO (Example: "Bettery A", "Jones CPD", etc.)			
A req accol accol	uest for allowable for a newly drilled or deepened well must be mpanied by a tabulation of the deviation tests conducted in rdance with Rule 111.	23.	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 effice will assign a number and write it here.			
	ections of this form must be filled out for allowable requests on and recompleted wells.	24.	The Lil STR Law 1			
Fill of chang other	ut only sections I, II, III, IV, and the operator certifications for ges of operator, property name, well number, transporter, or such changes.		well completion location of this POD if it is different from the (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)			
A	names, campes, cr	25.	MO/DA/YR drilling commenced			
comp	parate C-104 must be filed for each pool in a multiple	26.	MO/DA/YR this completion was ready to produce			
Impro	perly filled out or incomplete forme may be returned to	27.	Total vertical depth of the well			
1.		28.	Plugback vertical depth			
2.	Operator's name and address Operator's OCRID sumbury if	29.	Top and bottom perforation in this completion or casing shoe and TD if openhois			
3.	Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.	30.	Inside diameter of the well bore			
J.	Reason for filing code from the following table:	31.	Outside diameter of the casing and tubing			
	NG Recompletion CH Change of Operator AO Add all/contensator	32.	Depth of casing and tubing. If a casing liner show top and bottom.			
	AG Add gas transporter	33.	Number of sacks of cement used per easier and			
	CG Change gas transporter RT Request for test allowable (include volume requested)	The foi conduc	Howing test data is for an oil well it must be from a test ted only after the total volume of load oil is recovered.			
4.	If for any other reason write that reason in this box.	34.	MO/DA/YR that new oil was first produced			
5.	The name of this well	36.	MO/DA/YR that gas was first produced into a pipeline			
6.	The name of the pool for this completion	36,	MO/DA/YR that the following test was completed			
7.	The pool code for this pool The property and the	37.	Length in hours of the test			
8.	The property code for this completion The property page (well	38.	Flowing tubiog areas			
9.	The property name (well name) for this completion The well number (contribution	39.	gas wells			
10.	The well number for this completion		Flowing casing pressure - oil wells Shut-in casing pressure - gas wells			
	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 state of the second	40.	Diameter of the choke used in the test			
	for this location use that number in the 'UL or lot ne.' box. Otherwise use the OCD unit letter.	41.	Barrele of oil produced during the test			
11		4.5				

42

43.

44

45.

48.

- The bottom hole location of this completion 12.
 - 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 artificial lift 13.
- 14.
- MO/DA/YR that this completion was first connected to a gas transporter 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 17.
- MO/DA/YR of the expiration of C-129 approval for this 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
- 21.

11.

Product code from the following table: O Oil G Gas

Oil Gas

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 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.

Barrels of water produced during the test

Gae well calculated absolute open flow in MCF/D

MCF of gas produced during the test

The method used to test the well:

F Flowing F Flowing P Pumping S Swebbing H other method please write it in.