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1 20 10S	28E	330	South	330	West	Chaves
Bottom Hole J		Idn Feet from the	North/South Hee	Feel from the	East/West line	County
, or lot no. Section Town	ship Range Lot					-129 Expiration Date
Lee Code Producing Meth	od Code "Gas Conn	ection Unte "C-129	Permit Number	C-129 Effective	Dele	147 0-1
P SI						
Oil and Gas Trans	POILEIS "Transporter Name	20	" POD " 0/G		²¹ FOD ULSIR I and Descript	
OGRID	and Address	20	1199	Unit D,	Sec. 20-1	0S-28E
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P.O. Box Houston	x 4648 , TX 77210-4648-		·			;
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..... G 104 Instructions

IF THIS IS AN AMENDED REPORT. CHECK TH "AMENDED REPORT" AT THE TOP OF THIS DOC OX LABLED

Report all gas volumes at 15,025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable 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 allowable requests on new and 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 expanate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forme may be returned to operators unapproved.

۱. Operator's name and address

3.

- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
 - Resson for filling code from the following table:

 - NW
 New Well

 HC
 Hecompletion

 CH
 Change of Operator

 AO
 Add oil/condensate transporter

 CO
 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.
- The API number of this well 4.
- 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 OGD unit letter. 10
- The bottom hole location of this completion 11.
- Lease code from the following table: F Federal S State P Fee 12.

 - Jicarilla

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- Navajo Ute Mountain Ute Other Indian Tribe
- 13 The producing method code from the following table: Flowing Plowing Puinping or other artificial lift þ
- 14. MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the Dietrict 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. completion
- 10 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 Product code from the following table: 0 G Oit Gas

- The ULSTR local of this POD if it is different from the well completion ion and a short description of the POD (Example: "Batter, A", "Jones GPD", 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.
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- 27 Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and YD if openhole 29.
- 30. Inside diameter of the well bore
- Outside diameter of the casing and tubing 31.
- 32. Depth of casing and tubing. If a casing liner show top and bottom
- 33. Number of eacks of coment 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.
- MO/DA/YR that new oil was first produced 34.
- 36. MO/DA/YR that gas was first produced into a pipeline
- 38.
- MO/DA/YR that the following test was completed
- 37. Longth in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil well 39. Shut-in casing pressure - gas wells
- 40. Diameter of the choke used in the test
- 41. Barrels of off produced during the test
- 42. Barrole of water produced during the test
- 43. MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- The method used to test the well: F Flowing P Pumping S Swabbing 46

 - If other method please write it in.
- The eignature, 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.

- e de la colta