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District I PO Box 1960, Ilobb	L NM #1241-1960	`	Stat	e of New M	(exico	\$		Form C	
District II NO Design DD Article ND Comptonents				us at Nubural Read	NITCH Department		Revised	February 10,	
District III		•	OIL CONS	OIL CONSERVATION DIVISION			Instructions on Submit to Appropriate District O		
1000 Rio Brazos Rd. District IV			Santa I	PO Box 208 Fe, NM 875	04-2088		••••	5 Co	
PO, Box 2082, Santa :	FL NM 17504-2021						🗔 AM	ENDED REP	
		Operator	ALLOWAB	LE AND A	UTHORIZA	TION TO T	RANSPOR.	r	
Manzano P.O. Bo:	0il Corpor	ation				¹ OGRID Number			
Roswell	, NM 88202	2107				013954 ' Reason for Filling Code			
· API Number									
30 - 025-00015			Pool Name				CG effective 7/1/98		
' Property Code			N	orth Mesca		45	750		
21454		Property Name Pistol Pete				' Well Number			
II. ¹⁰ Surfa Ul or lot so. Social	ace Location			F				1	
A 11	10S	Range	Lot.Ida	Foot from the	North/South Lin	Foot from the	East/West las	County	
	om Hole Loca	32E		510	North	660	East	Lea	
UL or lot so. Socil	oa, Towaship	Range		Feed from the		· · · · · · · · · · · · · · · · · · ·	······································		
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"Lee Code "Pro	odudas Mahod Cod	• '' Ga	Connection Date	" C-129 Pers		" C-129 Effective I	East	Lea 29 Espiration Dat	
II. Oil and G	P		2/27/98					Elefornia fist	
"Trissporter		TE Porter	, Name	" PC		·····			
24650		and Addre	**	PC	0/G " 0/G	L	POD ULSTR Loc and Description	atios	
	Dynegy Mids #6 Desta Dr	tream ive. S	Services	28206	85 G	A, Sec 11, T10S,		the second s	
	Midland, TX	7970	5		State Barba				
· Produced V	Vater								
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" POD					STR Location and D				
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^{rop} Well Compl	etion Data			* POD UL	STR Location and D	······································			
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POD Well Compl ^U Spud Date ^M Hole Si	etion Data	" C.		* POD UL.	STR Location and D	······································	" Sacks C		
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Well Compl Spud Date "Inole Stu Well Test D "Date New Oil "Choke Stre	etion Data	³¹ Ca	" Test Dat	* POD UL.	Tot Leagth	" Tby. Press	" Sacks C	ement	
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•	IF THIS I	S AN AMENDED REPORT. CHECK THE BOX LABLED D REPORT AT THE TOP OF THIS DOCUMENT	22.	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.)		
	Report all Report all	ges volumes at 15.025 PSIA at 60°. oil volumes to the nearest whole barrel.	23.	The POD number of the storage from which water is moved from this property. If this is a new well or recomplation and this POD has no number the district office will assign 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", etc.)		
	accom0.80	for allowable for a newly drilled or deepened well must be wed by a tabulation of the deviation tests conducted in				
	All section new and i	e with Rule 111. he of this form must be filled out for allowable requests on recompleted wells.	24.			
	Fill out or	ily sections I, II, III, IV, and the operator certifications for of operator, property name, well number, transporter, or	25.	MO/DA/YR drilling commenced		
	other suc	h changes,	26.	MO/DA/YR this completion was ready to produce		
	A separa completio	te C-104 must be filed for each pool in a multiple	27.	Total vertical depth of the well		
		y filled out or incomplete forms may be returned to	28.	Plugback vertical depth		
	operators	unapproved.	29.	Top and bottom perforation in this completion or casing shoe and TD if openhole		
	2.	Onereter's OGBID number. If you do not have one it will	30.	Inside diameter of the well bore		
3.		be assigned and filled in by the District office.	31.	Outside diameter of the casing and tubing		
	3.	Resson for filling code from the following table: NW	· 32.	Depth of casing and tubing. If a casing liner show top and bottom.		
		CH Change of Operator AC Add oil/condensate transporter	33.	Number of sacks of cement used per casing string		
	•	CO Change oil/condensate transporter AG Add gas transporter CG Change gas transporter	The fol	lowing test data is for an oil well it must be from a test ted only after the total volume of load oil is recovered.		
		RT Request for test allowable (include volume requested)	34.	MO/DA/YR that new oil was first produced		
		If for any other reason write that reason in this box.	35.	MO/DA/YR that gas was first produced into a pipeline		
	4.	The API number of this well	36.	MO/DA/YR that the following test was completed		
	5.	The name of the pool for this completion	37.	Length in hours of the test		
	6.	The pool code for this pool	38.	Flowing tubing pressure - oil wells		
	7.	The property code for this completion	·	Shut-in tubing pressure - gas wells		
	8.	The property name (well name) for this completion	39.	 Flowing casing pressure - oil wells Shut-in casing pressure - gas wells 		
	9.	The well number for this completion	40.	Diameter of the choke used in the test		
	10.	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.	41.	Barrels of oll produced during the test		
		Otherwise use the OCD unit letter.	42.	Barrels of water produced during the test		
	11.	The bottom hole location of this completion	43.	MCF of gas produced during the test		
:	12.	Lease code from the following table:	44.	Gas well calculated absolute open flow in MCF/D		
		F Federal S State P Fee	45.	The method used to test the well: F Flowing		
		P Fee J Jicarilla N Navajo		P Pumping S Swabbing		
•		U Ute Mountain Ute J Other Indian Tribe		If other method please write it in.		
	13.	The producing method code from the following table: F Flowing P Pumping or other artificial lift	46.	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		
	14.	MO/DA/YR that this completion was first connected to a gas transporter	47.	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		
	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 completion				

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The gas or oil transporter's OGRID number 18.

Name and address of the transporter of the product 19.

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- 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.