District III 1900 Rio Brezos Rd., Aster District IV	D, Artesis, NM #8211-0719 OIL CONSERVATION DIVISION							Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office 5 Copies			
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II. <sup>10</sup> Surface U or lot no. Sertion	Location Township	Range	Lot.Ida	Feet from	L¥e	North/Sou	th Line	Feet from the	East/West	line County	
P 2 <sup>11</sup> Bottom	12S Hole Loc	32E ation	and a state of the	660	$\mathbf{b}$	SOUT	Н	990	EAS		
UL or lot no. Section	Township	Renge	Lot Idn	Fost from	the	North/So	uth line	Feet from the	Esst/West	line County	
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III. Oil and Gas	NAME OF COMPANY. AND DESCRIPTION.	The second second second second second	ana ny fanina Talan - E New Amerika Kamina		1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -					annan am ann a Ang Addine ann an Ar An An An An An Ann an	
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V. Well Comple	tion Data	The second s		**************************************			Shah futti ya saliyumida t				
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VI. Well Test D	- And the second s	The second	······································	an alaman an a		- Character Statistics - models	1999-1945 - Honora State - State Suggesting of the State - State		Mittespanic tight manyat	and and the most of the state o	
Date New Oil	" Gast De	livery Date	<sup>34</sup> Test	Date		<sup>17</sup> Test Lea	g th	" Tog. Pr	E25U/T	" Cag. Pressare	
" Choke Size "Oil " I hereby certify that the rules of the Oil Conservation Division 1			"Water		<sup>a</sup> Cas		4 AOF		" Test Mitchod		
Thereby certify that the r with and that the informatio knowledge and better Signature:	ains of the Oil C n given above is	ionscrivition Di true and comp	vision have been lete to the best o	complied of my	Арргочо	śby:		NSERVATI			
Printed same: R.L.	NHEELER,	JR.		······	Title:	د د دور از د د <u>و</u>			<u>i ser rom</u> 28	Ann a' se chann ann an stàinn ann an ann an stàinn an Stàinn an Ann an stàinn an stàinn an stàinn an stàinn an	
Title: ADMIN. SVC. COORD.					Approval Date: FLB C & 1395						
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<sup>er</sup> If this is a change of op Previous	orator ful la th Operator Signal		ider and Eame o	of the previ	Printe	or d Name	thaya in Carlot Save	an a suit an	Tille	Date	
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F THIS	C-104 IN	ervation ( structions 22.	The ULSTR location of this POD if it is different from t				
"AMENDED REPORT" AT THE TOP OF THIS DOCUMENT Report all gas volumes at 15.025 PSIA at 60°. Report all cil volumes to the nearest whole barrel.			well completion location and a short description of the P( (Exemple: "Battery A", "Jonas CPD",etc.)				
Aport all cel volumes to the nearest whole barrel. A request for allowable for a newly drilled or despend well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.			The POD number of the storage from which water is move from this property. If this is a new well or recompletion an this POD has no number the district office will assign number and write it here.				
All sections of this form must be filled out for allowable requests on new and recompleted wells.			The ULSTR location of this POD If it is different from th well completion location and a short description of the POI (Example: "Battery A Water Tank", "Jones CPD Wate Tank", etc.)				
anange:	t only sections I, II, III, IV, and the operator certifications for se of operator, property name, well number, transporter, or such changes.	25.	MO/DA/YR drilling commenced				
A sepa	arate C-104 must be filed for each pool in a multiple	26.	MO/DA/YR this completion was ready to produce				
completion. Improperly filled out or incomplete forms may be returned to			Total vertical depth of the well				
operato	ors unapproved.	28. 29.	Plugback vertical depth Top and bottom perforation in this completion or cas				
1. 2.	Operator's name and address		shoe and TD if openhole				
<b>£.</b>	Operator's OGRID number. If you do not have one it will be easigned and filled in by the District office.	30.	Inside diameter of the well bore				
3.	Resson for filing code from the following table: NW New Well	31. 32.	Outside diameter of the casing and tubing Depth of casing and tubing. If a casing liner show top				
	RC Recompletion CH Change of Operator		bottom.				
	AO Add oil/condensate transporter CO Change oil/condensate transporter AG Add gas transporter	33.	Number of sacks of coment used per casing string				
	CG Change gas transporter RT Request for test slowable (Include volume	condu	illowing test data is for an oil well it must be from a toted only after the total volume of load oil is recovered.				
	requested) If for any other reason write that reason in this box.	34.	MO/DA/YR that new oil was first produced				
4.	The API number of this well	35.	MO/DA/YR that gas was first produced into a pipeline				
5.	The name of the pool for this completion	36.	MO/DA/YR that the following test was completed				
6.	The pool code for this pool	37. 38.	Length in hours of the test				
7.	The property code for this completion	30.	Flawing tubing pressure - oil wells Shut-in tubing pressure - gas wells				
8. 9.	The property name (well name) for this completion	3 <b>9</b> .	Flowing casing pressure - oil wells Shut-in casing pressure - gas wells				
9. 10.	The well number for this completion The surface location of this completion NOTE: If the	40.	Diameter of the choke used in the test				
	United States government survey designates a Lot Number for this location use that number in the 'UL or lot no.' box.	41.	Barrels of oil 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.	Lesse code from the following table: F Federal S State	44.	Gas well calculated absolute open flow in MCF/D				
	P Fee J Jicarilla N Navaio	45.	The method used to test the well: F Flowing P Pumping S Swahhing				
	U Ute Mountain Ute I Other Indian Tribe		S Swabbing 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 per authorized to make this report, the date this report signed, and the telephone number to call for quasti about this report				
<ul> <li>14. MO/DA/YR that this completion was first connected to a gas transporter</li> <li>15. The permit number from the District approved 0.129 for</li> </ul>			The previous operator's name, the signature, printed nam and title of the previous operator's representati authorized to verify that the pravious operator on loop				
	The permit number from the District approved C-129 for this completion	•	operates this completion, and the date this report signed by that person				
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						
18.	The gas or oil transporter's OGRID number						
19.	Name and address of the transporter of the product						
20.	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 hare.		· · ••				
21.	Product code from the following table:		0 <sup>10</sup> 021				
	G Gas		CERCE				
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