

State of New Mexico  
Energy, Minerals & Natural Resources Department  
Form C-104  
Revised October 18, 1994  
Instructions on back  
Submit to Appropriate District Office  
5 Copies

OIL CONSERVATION DIVISION  
2040 South Pacheco  
Santa Fe, NM 87505

AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address UTE OIL COMPANY dba A.C.T. OPERATING COMPANY P.O. BOX 323 LULING, TEXAS 79643		OGRID Number 138426
		Reason for Filing Code CO - 6/01/98
API Number 30 - 0 41-10062	Pool Name MILNESAND - SAN ANDRES	Pool Code 46930
Property Code 16071	Property Name MILNESAND UNIT	Well Number 313

II. Surface Location

UL or lot no. L	Section NW SW 19	Township 8S	Range 35E	Lot Idn	Feet from the 1980	North/South Line SOUTH	Feet from the 624.7	East/West line WEST	County ROOSEVELT
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Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
F	PUMPING	10/07/63							
Lse Code	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date				

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
034019	PHILLIPS PETROLEUM CO.-TRUCKS 4001 PENBROOK ODESSA, TEXAS 79762	2804730	O	UL-A S13 T8S R34E
024650	WARREN PETROLEUM COMPANY	2804726	C	UL-A S13 T8S R34E

IV. Produced Water

POD	POD ULSTR Location and Description
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V. Well Completion Data

Spud Date	Ready Date	TD	PSTD	Perforations	DHC, DC, MC
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement		

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature:

Printed name:

Title:

Date:

Phone: (330) 875-2151

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY CHRIS WILLIAMS  
DISTRICT I SUPERVISOR

Title:

Approval Date:

If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature

Printed Name

Title

Date