District I PO Box 1960, Hobbs, NM 88241-1960 District II			State of New Energy, Minerals & Natural R				ico = Departme		Form C-104 Revised February 10, 1994 Instructions on back				
N Drawer DD, Artesia, NM 88211-0719 District III 1000 Rio Brazos Rd., Aztoc, NM 87410			OIL CONSERVATI				/	NC	Submit to Appropriate District Office 5 Copies				
District IV	÷		Santa Fe, NM 87				/504-2088			AMENDED REPORT			
PO Box 2068, 5. I.			FOR AL	LOWAB	LE ANI) AU	THORI	ZAT	ION TO TR	ANSP	ORT		
		0	The second s	e and Address						' OGRI	_	17	
MARALO, INC. P. O. BOX 832									014007		uon (or Filing Code		
	AND, TX							$\left(\int \right)$			•	R MARCH, 1996	
⁴ API Number 30 • 0 25-33200			⁺ Poo BRONCO; WOLFCAMP, SW							¹ Pool Code 96408			
Property Code							erty Name					ell Number	
16534 II. ¹⁰ Surface Location		LOWE 20							2				
II. ¹⁰ (U. or 104 Bo,	Surface	Location Township	Range	Lot.lda	Feet from t	he	North/Soi	th Line	Feet from the	East	est line i	County	
G	20	135	38E		1650		NORTH		1980	EAST LEA		·	
11	Bottom	Hole Loca	tion	•			ļ,			1	l		
UL or lot no.		Township	Range	Lot Idn	Feet from	the	North/Sc	uth line	Feet from the	East/West line		County	
¹¹ Lse Code	" Produ	eing Method Cod	с ¹⁴ Gы (Connection Da	Le ¹⁴ C+1	29 Perm	lt Number		14 C-129 Effective	Dale	" C•	29 Expiration Date	
III. Oil a		Transporte	ers Fransporter b										
OGRII			and Addres			" PO	D	" 0/G		n dog n seg E	LSTR Lo Descriptio		
015694		AVAJO REFIN 01 EAST MAII		NY	28	317066		0	6-20-13S	-38E			
		RTESIA, NM (
			·		k32.682	14 2 A Y A Y A							
	luced V	Vater				DOD I							
		.			-			uos and	Description			• .	
	Compl pud Date	etion Data	¹⁴ Ready D			מדיי			" PBTD			¹⁹ Perforations	
* Hole Size			¹¹ Casing & Tubing Size			" Depth Set			Set	¹⁰ Sacks Cement			
													
	······				······································							· · · · · · · · · · · · · · · · · · ·	
	l Test I		Juan Dat	u			~ ~ ~						
¹⁴ Date New Oil ¹⁴ Gas			Delivery Date * Test Date			¹⁷ Test Length			* Tog. Pressure			³⁴ Cag, Pressure,	
* Cho	oke Size	41	ОЦ	u U	Water		4 Ga		**	OF		" Test Method	
with and that knowledge ar	the inform	e rules of the Oil (tion given above it	s true and coo	uplete to the be	con complied at of my		0	IL C	ONSERVA	FION I	DIVI	SION	
Signature: Donathea Lagan							Approved by: ORIGINAL SIGNED BY JERRY SEXTON						
DOROTHEA LOGAN						Tide: DISTRICT I SUPERVISOR							
Tiue: REGULATORY ANALYST						Approval Date: MAR 18 1996							
Date:		3/13/96		915 684-74									
"If this is a	a change of	operator fill in th	e OGRID n	umber and haz	me of the pre-	rious ope	trator						
	Previo	us Operator Sign.	sture	********		Pri	nted Name		****		Title	Date	

	•						
	IS IS AN AMENDED REPORT, CHECK THE BOX LABLED	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 gas volumes at 15.025 PSIA at 60°. all oil volumes to the nearest whole barrel.	23.	The POD number of the storage from which water is moved				
	est for allowable for a newly drilled or deepened well must be panied by a tabulation of the deviation tests conducted in lance with Rule 111.		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.				
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 the well completion location and a short description of the PC [Example: "Battery A Water Tank", "Jones CPD Wat				
Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or the such changes			Tank*,etc.) MO/DA/YR drilling commenced				
Anial	edat ateiliges,	25. 26.	MO/DA/YR this completion was ready to produce				
A separate C-104 must be filed for each pool in a multiple completion.			Total vertical depth of the well				
improp operat	perly filled out or incomplete forms may be returned to or unapproved.	28.	Plugback vertical depth				
1.	Operator's name and address	29.	Top and bottom perforation in this completion or casing shoe and TD if openhole				
2.	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				
3.	Reason for filing code from the following table:	31.	Outside diameter of the casing and tubing				
	RC Recompletion CH Change of Operator	32.	Depth of casing and tubing. If a casing liner show top and bottom,				
	AO Add oil/condensate transporter CO Change oil/condensate transporter	33.	Number of sacks of cament used per casing string				
	AG Add gas transporter CG. Change gas transporter RT Request for test allowable (include volume	The fo conduc	llowing test data is for an oil well it must be from a test ted 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.	Length in hours of the test				
7.	The property code for this completion	38.	Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells				
8.	The property name (well name) for this completion	39.	Flowing casing pressure - oil wells				
9.	The well number for this completion	40,	Shut-in casing pressure - gas wells				
10,	The surface location of this completion NOTE: If the United States government survey designates a Lot Number for the location used the survey designates a Lot Number	41.	Diameter of the choke used in the test				
	for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.	42.	Barrels of oil produced during the test				
11.	The bottom hole location of this completion	43.	Barrels of water produced during the test 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:				
	P Fae J Jicarilla N Navaio		F Flowing P Pumping				
	U Ute Mountain Ute I Other Indian Tribe		S Swabbing If other method please write it in,				
13.		. 46.	The signature, printed name, and title of the perso				
10.	The producing method code from the following table: F Flowing P Pumping or other artificial lift		authorized to make this report, the date this report we signed, and the telephone number to call for question 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 representativ				
15,	The permit number from the District approved C-129 for this completion		authorized to verify that the previous operator no longe operates this completion, and the date this report we 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 here.						

Product code from the following table: O Oil G Gas

21.

MAIL 1000 Received Hobbs OCD