нгісі ї ) Box 1940, Побба, NM 85241+19 - 1 - 17	8-0	E	Stat		V Mexico Resources Department			Form C-104 Revised February 10, 1994 Instructions on back						
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Operator same and Address									- OCRED Number 012627-012627					
KEVIN O. BUTLER & ASSOCIATES, INC. P.O. BOX 1171								' Remains for Filling Code CH effective 12/01/9						
	ALND, TI	EXAS 7	/9702		Pool Name	. <u></u>		CH e	TTECT	rective 12/01/99				
י גדג איששער 10 - 0 25-26065				Maljama		c0				43270				
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	C-104	Instructio
. IF TI *AMI	HIS IS AN AMENDED REPORT, CHECK THE BOX LABLED ENDED REPORT AT THE TOP OF THIS DOCUMENT	22
nepo	rt all gas volumes at 15.025 PSIA at 60°. rt all oil volumes to the nearest whole barrel.	23
A req eccor eccor	uset for allowable for a newly drilled or deepened well must be npanied by a tabulation of the deviation tests conducted in dance with Rule 111.	
	ctions of this form must be filled out for allowable requests on and recompleted wells.	24
	rt only sactions I, II, III, IV, and the operator certifications for les of operator, property name, well number, transporter, or such changes.	25
A se comp	parate C-104 must be filed for each pool in a multiple	20 27
Impro opera	perly filled out or incomplete forme may be returned to	28
1.	Operator's name and address	29
2.	Operator's OGRID number. If you do not t	
з.		30
σ.	Reason for filing code from the following table: NW New Well RC Recompletion	31
	CH Change of Operator	32
	CO Change oll/condensate transporter	33
	CG Change das transporter	Th
	requestadi	cor 34,
4.	If for any other reason write that reason in this box. The API number of this well	35.
5.		36.
6.	The name of the pool for this completion The pool code for this pool	37.
7.		JB,
8.	The property code for this completion	30,
9.	The property name (well name) for this completion.	39,
10.	The well number for this completion	40,
	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 different full set.	40, 41,
	for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.	
11.	The bottom hole location of this completion	42.
12.	Lease code from the following table:	43. 44.
	S State	
	P Fee J Jicarilla N Nacia	45,
	N Navajo U Ute Mountain Ute I Other Indian Tribe	
13.	The producing method code from the following table: F Flowing P Pumping or other artificial lift	46.
14,	MO/DA/YR that this completion was first connected to a gas transporter	47.
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	

- A/YR of the C-129 approval for this completion
- MO/DA/YR' of the expiration of C-129 approval for this completion 17. 18.
- The gas or oil transporter's OGRID number
- Name and address of the transporter of the product 19.
- 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.

- 22. The ULSTR location of this POD If h is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)
- The POD number of the storage from which water is moved from this property. If this is a new wall or recompletion and this POD has no number the district office will assign a number and write it here. 23.
- The ULSTR location of the POD H 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.
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 20
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- 29. Top and bottom perforation in this completion or caring shoe and TD If openhole
- 30. Inside diameter of the well bore
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and bottom. 32.
- 33. Number of sacks of cement 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.
- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed 36.
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40, Diameter of the choke used in the test
- Barrels of oll produced during the test 41.
- Barrels of water produced during the test 42.
- 43. MCF of gas produced during the test
- 44.
- Gas well calculated absolute open flow in MCF/D
- 46. The method used to test the well:

  - F Flowing P Pumping S Swabbing If other method please write it in.
  - 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
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to varify that the previous operator no longer operates this completion, and the date this report was signed by that person 17.