ariat 8 Dex 1990, Bobbs, NM 90241-1990				Easry, Masra		nosren Departm		Form C-104 Revised February 10, 1994 Instructions on back			
irist E Drawer DD, Artsele irist EE 8 Rie Brasss Rd., A			01		SERVATIC PO Box 20 Fe, NM 87	088)N DIVISION)88 /504-2088		Submit to Appropriate District Off 5 Cop		
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V. Well Co	omple	tion Data				······			·····		
¹⁶ Spud [Data		" Ready Toda 11/29/95			"10 11,260'		• 1810 11,184'	10	* Perforations / 972' - 10999'	
09/25/95) Hole Siz			" Casing & Tul			* Depth Set			Sacks Consent	
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" I bereby ceruly with and that the i knowledge and be	informati	ion given above	e is true and	omplete to the	best of my	C	JIL CO	ONSERVAT	rion div	VISION	
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Printed same:	مکر Cin	ndy R. Ke	<i>jijra</i> eister	6 Jacon	<u></u>	Title:		2151111111111111			
Tide:			Comp1i	iance Spe		Approval Date:	Approval Date: DEC 20 1995			2 0 1995	
the second second second	07/95	5	Phone:	e (214) 69	92-4537						
" If this is a chi	ange of	operator fill ia	the OGRIE	D number and n	same of the previ	ious operator	<u>in 1994 - 1994 - 1</u>				
	Previo	us Operator Sig	gasture			Pristed Name			Tide	Date	

IF THIS IS AN AMENDED REPORT. CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT Report all gas volumes at 15.026 PSIA at 60°, Report all oil volumes to the nearest whole barrel. A request for ellowable for a newly drilled or despend well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111. All sections of this form must be filled out for slowable requests on new and recompleted wells. Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes. A separate C-104 must be filed for each pool in a multiple completion. Improperly filled out or incomplete forme may be returned to operators unapproved. Operator's name and address 1. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2. Reason for filing code from the following table: NW New Well RC Recompletion CH Change of Operator AO Add oil/condensate transporter CO Change oil/condensate transporter AG Add gas transporter CG Change gas transporter RT Request for test allowable (include volume requestal) If for any other reason write that reason in this bot. 3. The API number of this well 4. 6. The name of the pool for this completion 6. The pool code for this pool

- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- 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 ne.' box. Otherwise use the OCD unit letter. 10.
- 11. The bottom hole location of this completion
 - Lesse code from the following table: Federal State Fee J Jicarilla N Navajo U Ute Mountain Ute Cother Indian Tribe
- The producing method code from the following table: 13. Flowing Pumping or other artificial lift
- 14. MO/DA/YR that this completion was first connected to a gas transporter
- The permit number from the District approved C-128 for this completion 16.
- 18. MO/DA/YR of the C-125 approval for this completion
- MO/DA/YR of the expiration of C-125 approval for this completion 17.
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- 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.

- 21. Product code from the following table: Oil Gae

12.

- The ULSTR location of this POD II it is different from the well completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.) 22.
- 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 effice will easign a number and write it here. 23.
- The ULSTR location of this POD H it is different from the well completion location and a short description of the POD (Example: "Battary A Water Tank", "Jones CPD Water Tank", etc.) 24.
- MO/DA/YR drilling commenced 26.
- 26. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom partoration in this completion or casing shoe and TD If openhole 29.
- 30. inside diameter of the well bore
- 31. Outside dismeter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and bottom.
- 33. Number of sadue of coment used per casing string

The following test data is for an all well it must be from a test conducted only after the total volume of load all is recovered.

- 34. MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline 36.
- MO/DA/YR that the following test was completed 38.
- 37. Longth in hours of the test
- Flowing tubing pressure all wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure of wells Shurt-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 41. Barrols of oil produced during the test
- Barrais of water produced during the test 42.
- 43. MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D 44.
- 48.
- The method used to test the well: F Flowing P Pumping S Swebbing
 - S Swabbing If other method please write it in.
- The eigneture, printed nume, 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 44.
- 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 47.

