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DATO COP:       0.01 00:70:3         P.O. Box 1000, ML-14       Midland, Texas 79:02         Attn: Marsha Milson       106 Demonstration of the Color of th	I.	F	EQUEST	FOR A	LLOWA	ABLE A	ND A	UTHO	UZAT				NDED REPOR	
P. 0. BOX 1600, PI-14 Midland, Teas 79702       Attn: Marsha Milson       007673         2025 * AT Nease       Part		orp.			ane and Add	Page					, OGRI	ORI Nambe	· · · · · · · · · · · · · · · · · · ·	
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Checken Eine     ** Oil     ** Text Deale     ** Text Langth     ** Tog. Pressure     ** Cag. Pressure       ** Checken Eine     ** Oil     ** Oil     ** Water     ** Gan.     ** AOF     ** Text Method       ** Dealer     ** Oil     ** Water     ** Gan.     ** AOF     ** Text Method       ** Dealer     ** Oil     ** Water     ** Gan.     ** AOF     ** Text Method       ** Longth     ** Oil     Conservation Division barve boost compliated     OIL CONSERVATION DIVISION       ** and that the information grown above is true and compliate to the boat of any control by:     OIL CONSERVATION DIVISION       ** math America     Approved by:     OIL CONSERVATION DIVISION       ** Marsha Wilson     Title:     DISTRICT 1 SUPEr       ** Staff Office Assistant     Approved Date:     APR 2 6 1995       ** 4 - 3 - 41/2     Patter (915) 688-7871     If the is a change of operator fill is the OCRUD security and bases of the proveme operator -														
* Checks Eim       * Oil       * Weter       * Gen.       * AOF       * Text Method         I boreary early that the rates of the Oil Conservation Division serve trees complied the add that the information grows and read completes to the best of my       OIL CONSERVATION DIVISION         I boreary early that the rates of the Oil Conservation Division serve trees and completes to the best of my       OIL CONSERVATION DIVISION         Approved brief.       Approved by:       ORIGINAL SIGNARD FY, 100 AY BEXTON         Marsha Wilson       Tate:       DISTRICT I SUPER - SOR         der Staff Office Assistant       Approved Date:       APR 2.6 1995         ## 4 - District Office Assistant       Peamer (915) 688-7871       Marsha Water Office Assistant         If this is a change of expresser fill in the OCCRUD analyse and bases of the presserve operators       Protect Namer Tate       Tate		-	- Gas Daij	very Date	* T	est Date		" Test Los	ștă	" The. Pr			All Presses	
Construction     Construction     Construction     Construction     Construction       1 berretry excertify that the rates of the Oil Conservation Division have been complied in and the information given above in true and complete to the been of any consider and beinf.     OIL CONSERVATION DIVISION       1 berretry excertify that the rates of the Oil Conservation Division have been complete in and the be information given above in true and complete to the been of any consider and beinf.     OIL CONSERVATION DIVISION       1 berretry excertify that the rates of the Division have been complete in and beinf.     OIL CONSERVATION DIVISION       1 berretry excertify that the rates of the been of any memory matching of the Division have been of any memory matching of excertify the been of the previous operators operators.     OIL CONSERVATION DIVISION Approved by: District 1 SUPER- SOR       the Staff Office Assistant     Approved Date:     APR 2 6 1995       the date is a change of expenses filling the OGRID another and based of the previous operators operators.     Provide Name       Previous Operator filling the OGRID another and based of the previous operators.     Provide Name	" Cheke Size								<b></b>			-	g	
Conversion     Bit Will address in the and completes to the beak of my     OIL CONSERVATION DIVISION       Constraint     Approved by:       Marsha Wilson     Tale:     ORIGINAL SIGNED BY ISON REXTON       Cher Staff Office Assistant     Approved by:       Marsha Vilson     Tale:     DISTRICT I SUPER- SOR       Cher Staff Office Assistant     Approved Date:     APR 2 6 1995       Marsha Opproved Construction     Phone: (915) 688-7871     District I Super- Sor			, , , , , , , , , , , , , , , , , , ,	-		water -		" Geo.		** AO	P	*	Test Method	
Conversion     Bit Will address in the and completes to the beak of my     OIL CONSERVATION DIVISION       Constraint     Approved by:       Marsha Wilson     Tale:     ORIGINAL SIGNED BY ISON REXTON       Cher Staff Office Assistant     Approved by:       Marsha Vilson     Tale:     DISTRICT I SUPER- SOR       Cher Staff Office Assistant     Approved Date:     APR 2 6 1995       Marsha Opproved Construction     Phone: (915) 688-7871     District I Super- Sor	I beruty early the	t the rule	e of the Oil Co	nervetice Di	vision have be	Cincipal Compliant								
Mush Guidester     Approval by:       Marsha Wilson     Title:     OBIGINIAL SIGNED FY LERRY REXTON       If Staff Office Assistant     Approval Date:     APR 2 6 1995       If the is a charge of opened fills the OGRID analise and takes of the provise opened of     APR 2 6 1995	nowindge and belief.		1708 200VS 18 0	res and comp	tote to the beat	L OF BY		OII	CON	ISERVATI	ON DR		N	
Marsha Wilson     Take:     ORIGINAL SIGNED FY 15:RY SEXTON       Image: Staff Office Assistant     Approval Date:     District I Supervisions       Image: Arrow of the provision of		Xu	anci	112.1	~ 1		Approves	i iny:						
Staff Office Assistant     Approval Data:     APR 2 6 1995       ## 4 - 2 - 41c     Phone: (915) 688-7871     If the is a change of operator fill in the OGRID another and mane of the provise operator.       Provises Operator fill in the OGRID another and mane of the provise operator.     Printed Name     The	Mar	sha	Wilson		aun		Title:					ON		
Hard Contract     Provide and Contract     Provide and Contract       Provide an Operator Signature     Printed Name     This	*** Staff Of	fice	Assista					Date:	DIST	RICT I SUPER-				
If this is a change of opmune fill in the OGRID number and name of the provises opmune- Provises Opmune Signame - Printed Name - This	-4 - 32	-41/	<b>`</b>	Phone: 01	5) 688-	7871	<b></b>		وينور والمتزامين		AP	<u>r 26</u>	1995	
Previous Operator Signature	If this is a change	el epus	eer fill in the (			• • • 1 I	IL							
Printed Name														
			- und äijikkka				Printe	Name			Title		Date	
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	New Mexico Oil Con C-104 Inst		ivision	
F THIS AMEN	IS AN AMENDED REPORT. CHECK THE BOX LABLED DED REPORT AT THE TOP OF THIS DOCUMENT	22.	The ULSTR is well complete (Example: "B	
Report Report	ali gas volumes at 15.025 PSLA at 60°. All di volumes to the nearest whole barrel.	23.	The POD num	
1000m	et for allowable for a newly drilled or deepaned well must be paned by a tabulation of the deviation tests conducted in ince with Rule 111.		from this pro this POD had number and t	
new an	tions of this form must be filled out for allowable requests on Id recompleted wells.	24.	The ULSTR I well complet (Example: "I Tank".etc.)	
change	only sections I. II, III, IV, and the operator certifications for a of operator, property name, well number, transporter, or uch changes.	25.	MO/DA/YR d	
		26.	MO/DA/YR t	
compie	arate C-104 must be filed for each pool in a multiple won.	27.	Total vertica	
improp	erly filled out or incomplete forms may be returned to	28.	Plugback ve	
1.	Operator's name and address	29.	Top and bo shoe and TD	
2.	Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.	30.	Inside diama	
3.	Reason for filing code from the following table:	31.	Outside diar	
J.	NW New Well RC Recompletion	32.	Depth of ca bottom.	
	CH Change of Operator AO Add eil/condensate transporter	33.	Number of a	
	CO Change oil/condensate transporter AG Add gas transporter CG Change gas transporter RT Reguest for test allowable (include volume	The following test d conducted only after		
	requested)	34.	MO/DA/YR	
	If for any other reason write that reason in this box.	35.	MO/DA/YR	
4.	The API number of this well	36.	MO/DA/YR	
5.	The name of the pool for this completion	37.	Length in h	
6.	The pool code for this pool	38.	-	
7.	The property code for this completion	30.	Flowing tub Shut-in tub	
8.	The property name (well name) for this completion	39.	Flowing ca	
9.	The well number for this completion	40	Shut-in cas	
10.	The surface location of this completion NOTE: If the United States government survey designates a Lot Number	40. 41.	Diameter o	
	for this location use that number in the 'UL or lot no.' box.	41. 42.	Barreis of ( Barreis of )	
11.	The bottom nois location of this completion	42. 43.	MCF of ga	
12.	Lease code from the following table:		•	
1 <b>4</b> 1	Freese come stom the lonowing (SDM):	44.	Gas weil c	

Lease code from the following table: F Federal S State P Fee J Jicarilla

SPJNU

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13.

- Navajo Ute Mountain Ute Other Indian Tribe
- ing method code from the following table: The
- Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14.
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- 17. MO/DA/YR of the expiration of C-129 approval for this
- 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.
- duct code from the following table: Oil Gas 21. Pr O

迎る かわ 御い表

- location of this POD If it is different from the tion location and a short description of the POD Battery A.", "Jones CPD", etc.)
- mber of the storage from which water is moved operty. If this is a new well or recompletion and as no number the district office will assign a I write it here,
- location of this POD If it is different from the tuon location and a short description of the POD "Battery A Water Tank", "Jones CPD Water
- drilling commenced
- this completion was ready to produce
- ai depth of the well
- artical depth
- ottom perforation in this completion or casing D if openhole
- neter of the well born
- emeter of the casing and tubing
- asing and tubing. If a casing liner show top and
- sacks of cament used per casing string

data is for an oil well it must be from a test r the total volume of load oil is recovered.

- R that new oil was first produced
- R that gas was first produced into a pipeline
- R that the following test was completed
- hours of the test
- ibing pressure oil wells bing pressure gas wells
- asing pressure oil wells leng pressure gas wells
- of the choke used in the test
- oil produced during the test
- water produced during the test
- as produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- 45. 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 suthorized to make this report, the date this report was signed, and the telephone number to call for questions about this report 46.
- 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 longe operates this completion, and the date this report we signed by that person 47.



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