District f PO Box 1988, Hobbs, NM 82241-1980 District ff PO Drawer DD, Astenia, NM 88211-0719 District fff

1008 Rie Brazes Rd., Azter, NM 87416 District IV OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

AMENDED REPORT

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New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS AN AMENDED REPORT. CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT	22
Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole partel.	2:

A request for skoweble for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tasts conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections i. II. III. IV. and the operator cartifications for changes of operator, property name, well number, transporter, or other such changes.

separate C-104 must be filed for each pool in a multiple A separat

improperty filled out or incomplete forms may be returned to operators unapproved.

1. Operator's name and address

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 3.

 - RC CH AO CO AG CG RT
- New weel Recomplication Change of Operator Add oil/condensate transporter Change oil/condensate transporter Add gas transporter Change gas transporter Request for test allowable (Include volume command)
 - request for test andwards interest in requested) If for any other reason write that reason in this box.
- The API number of this well 4
 - The name of the pool for this completion
- The post code for this pool 6.

5.

- The preperty code for this completion 7.
- The property name (well name) for this completion 8.
- The weil number for this completion 9.
- 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 no.' box. Otherwise use the OCD unit letter. 10.
- The bottom hole location of this completion 11.
- Lease code from the following table: F Federal 12.
 - State State Jicarilla

SP

N N J

- - Navaio
 - Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: 13. 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/VR of the C-129 approval for this completion 16.
- MO/DA/VR of the expiration of C-129 approval for this 17.
- The gas or oil transporter's OGRID number 18.
- Name and address of the transporter of the product 19.
- The number assigned to the POD from which this product will be wansperied by this transporter. If this is a new well or recomplision 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.

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- The ULSTR location of this POD If it is different from the weil completion location and a short description of the POD (Example: "Battery A", "Jones GPD",etc.) 2.
- The POD number of the storage from which water is moved 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. 3.
- The ULSTR location of this POD if it is different from the weak completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water 24. Tank",etc.l
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well 27.
- Plugback vertical depth 28.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 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 32. hottom
- Number of sacks of cement used per casing string 33.

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.

- MO/DA/YR that new oil was first produced 34.
- MO/DA/YR that gas was first produced into a pipeline 35.
- MO/DA/YR that the following test was completed 36
- Length in hours of the test 37.
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas well
- Diameter of the choke used in the test 40.
- Barrels of oil produced during the test 41.
- Barrels of water produced during the test 42.
- MCF of gas produced during the test 43.
- Gas well calculated absolute open flow in MCF/D 44.
- The method used to test the well: 45.
- 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 data this report was signed, and the telephone number to call for questions about this report 46.
- The previous operator's name, the signature, printed nam and title of the previous operator's representativ authorized to verify that the previous operator no long operates this completion, and the date this report w signed by that person 47. Catty

