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na O		-	CONSERVAT			Subm		Instructions on back mate District Office	
) Drawer DD, Artania, NM \$8211-8719 atrict III			PO Box	2088		Submit to Appropriate District Office 5 Copies			
Rio Brazes Rd., Al nez IV	ster, NM \$7410		Santa Fe, NM	8750	4-2088	AMENDED REPORT			
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¹¹ Botto	m Hole La		t Ida Feet from	= the	North/South La	e Fast from the	East/West L	ee Com ary	
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New Mexico Oil Conservation Division C-104 Instructions

F THIS IS AN AMENDED REPORT. CHECK THE BOX LABLED AMENDED REPORT AT THE TOP OF THIS DOCUMENT			22	The ULSTR location of this POD if it is different from the well completion location and a short description of the POO (Example "Battery A", "Jones CPD", etc.;		
Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.			23.	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.		
A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111						
Allesch		s form must be filled out for allowable requests on	24	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 Water Tank" "Jones CPD Water Tank" "Jones CPD Water		
Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or			25	(ank ,etc.) MO/DA/YR drilling commenced		
	ch change		26	MO/DA/YR this competion was ready to produce		
A separ completi		4 must be filed for each pool in a multiple	27	Total vertical depth of the well		
		out or incomplete forms may be returned to	28.	Plugback vertical depth		
operator 1	 Operator unapproved Operator uname and address 			Top and bottom perforation in the completion or casing shoe and TD if opennole		
·	Operator	• OGRID number . If you do not have one it will	30	Inside diameter of the well bore		
	pe seeldi	ned and filled in by the District office.	31	Outside diameter of the casing and fuoing		
3	Reason (NW	for filing code from the following table: New Well	32	•		
	RC CH	Recompletion Change of Operator	34.	Depth of casing and tubing. If a casing liner show top and bottom,		
	A 0 C 0	Add oil/condensate transporter	33	Number of sacks of cement used per casing string		
	AG CG	Change oil/condensate transporter Add gas transporter Change gas transporter		Nowing test data is for an oil well it must be from a test itad only after the total volume of load oil is recovered		
	RT	Request for test sllowable illinclude volume requested)	34.	MO/DA/YR that new oil was first produced		
		y other reason write that reason in this box.	35.	MO/DA/YR that gas was first produced into a pipeline		
4	The API	number of this well	38 .	MO/DA/YR that the following test was completed		
5	The name of the pool for this completion		37	Langth in hours of the test		
6	The pool code for this pool		38.	Flowing tubing pressure - oil wells		
7		perty code for this completion		Shut-in tubing pressure - gas wells		
8		perty name (well name) for this completion	39.	Flowing casing pressure - oil wells Shut-in casing pressure - gas wells		
9		I number for this completion	40.	Diameter of the choke used in the test		
.0	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.		41.	Barrels of oil produced curing the test		
		se use the OCD unit letter.	42.	Barrele of water produced during the test		
• •	The bott	tom hole location of this completion	43.	MCF of gas produced during the test		
• 2	Lease co F	ode from the following table: Federal	44	Gas well calculated absolute open flow in MCF/D		
	S P	State	45	The method used to test the well:		
	J	Fee Uccarsila		F Flowing P Pumping		
	*	Navaro Ute Mountain Ute		S Swebbing If other method please write it in		
	1	Other Indian Tribe	46	The signature, printed name, and title of the person		
. 7	The pro F P	ducing method code from the following table: Flowing Pumping or other artificial lift	40.	authorized to make this report, the date this report was signed, and the telephone number to call for questione about this report.		
1	·		47	The previous operator's name, the signature printed name.		
	MODA.YR that this completion was first connected to a gas transporter. The permit number from the District approved C-129 for the completion.		47	and title of the previous operator's representative authorized to verify that the previous operator no onger		
• =				operates this completion, and the date this report was signed by that person		
`6	MODA	YR of the C-129 approval for this completion				
• ?	MO/DA complet	/YR of the expiration of C-129 approval for this lion				
. 8	The gas	or oil transporter's OGRID number				
. 9	Nama a	ind address of the transporter of the product				
20	The nur	mber assigned to the POD from which this product				

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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. 2 '

Product code from the following table $\begin{array}{c} O & Ot^{i} \\ \hline O & G \star \bullet \end{array}$