Revised February 10, 1994 instructions on back Submit to Appropriate District Office 5 Copies

20 Drawer DD, Artesia, NM 88211-8719

District III

CAL CONSERVATION DIVISION PO Box 2088

AMENDED	REPORT

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IF THIS IS AN AMENDED REPORT. CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report oil gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for ellowable for a newly drilled or despaned 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 allowable requests on www and recombined w

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

Improperly filled out or incomplete forms 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.

3.

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 received) 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 5.

6. The paoi cade for this pool

The property code for this completion 7.

The property name (well name) for this completion 8.

The well 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.

11. The battom hole location of this completion

Lease code from the following table: 12.

Federal State

Fee Jicarilla

Navaio Ute Mountain Ute Other Indian Tribe

The producing method code from the following table:
F Flowing
P Pumping or other artificial lift 13.

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.

MO/DA/YR 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 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.

The ULSTR location of this POD If it is different from the west completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)

The POD number of the etorage 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. 23.

The ULSTR location of this POD If it is different from the west completion location and a snort description of the POD Example: "Battery A Water Tank", "Jones CPD Water 24. Tank .atc.i

25. MO/DA/YR drilling commenced

MO/DA/YR this completion was ready to produce 26.

Total vertical depth of the well 27.

Plumback vertical depth 28.

Top and bottom perforation in this completion or casing shoe and TD if openhole 29.

Inside diameter of the well bore 30.

Outside diameter of the casing and tubing 31.

Depth of casing and tubing. If a casing liner show top and

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 effer the total volume of load oil is recovered.

MODAYR that new oil was first produced 34.

MO/DA/YR that gas was first produced into a pipeline. 35.

MODAYR that the following test was completed 38.

Length in hours of the test 37.

Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells 38.

Flowing casing pressure - oil wells Shut-in casing pressure - gas wells 39.

Diameter of the choke used in the test 40.

Barrate 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.

Flowing Pumping Swabbing

S Swebbing
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 46. ut this report

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.

District & PO Box 1988, Hobbs, NM 88241-1988 District II

State of New Mexico

Form C-104 Revised February 10, 1994

Instructions on back
Appropriate District Office

TO Drawer DD. Artenia. NM 85211-9719 District III

OIL CONSERVATION DIVISION

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New Mexico Oil Conservation Division C-104 Instructions

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AG CG RT

Change gas transporter Request for test allowable (Include volume requested)

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 S. Swabbing
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- The previous operator's name, the signatural pri and title of the previous operator's rep authorized to verify that the provious operates operates this completion, and the date this signed by that person 47.

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