In a contract of the control of the	STATE OF NEW MEXICO IERGY AND MINERALS DEPARTMEN	•		Form C-104 Revised 10-1-78
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hereby certify that the rules and regulations of the Oll Conservation ivision have been complied with and that the information given pove is true and complete to the best of my knowledge and belief.       APPROVED	Testing Method (pitor, back pr.)	Tubing Presewe (Shut-in)	Cosing Pressure (Shut-in)	Choke Size
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ivision have been complied with and that the information given         bove is true and complete to the best of my knowledge and belief.         If this is a request for allowable for a newly drilled or deeper         (Signature)         (Signature)         Agent         (Tutle)         (Duie)	have been all and the second second		APPROVED	
Interview         (Signature)         (Signature)         Agent         (Title)         (Title)         April 6, 1981         (Date)             (Date)    TITLE	ivision have been complied wit	h and that the information given		
Account       This form is to be filled in compliance with MULE 1104.         (Signature)       (Signature)         (Signature)       (Signature)         Agent       (Signature)         (Tute)       (Signature)         (Signature)       (Signature)         (Signature) <td>bove is true and complete to th</td> <td>ie best of my knowledge and belief.</td> <td></td> <td></td>	bove is true and complete to th	ie best of my knowledge and belief.		
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(Signature) Agent (Title) April 6, 1981 (Date) (Date) (Signature) well, this form must be accompanied by a tabulation of the deviet tests taken on the well in accordance with MULE 111. All sections of this form must be filled out completely for all- able on new and recompleted wells. Fill out only Sections 1. II, III, and VI for changes of own well name or number, or transporter, or other such change of condition (Date)	d		This form is to be filed i	n compliance with MULE 1104.
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completed wells.	ע)	/	Separate Forma C+104 m	