District I PO Bax 1990, Hobbs, NM 88241-1980 District II			State of New Mexico Sergy, Minerals & Nataral Resources Department					Form C-104 Revised February 10, 1994 Instructions on back				
NO Drawer DD, Ariesia, NM 88211-0719 District III			OIL CONSERVATION DIVISION PO Box 2088					Submit to Appropriate District Office 5 Copies				
1960 Rio Brazze Rd., Aztec, District IV		Santa 1	-2088		AMENDED REPORT							
PO Box 2093, Samla Fe, NM I. R											DED REPORT	
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<sup>11</sup> Bottom 1	22S	37E		1980	-7	) NORTH		1980	EAST		LEA	
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Report	all gas yo	CRT" AT THE TOP OF THIS DO burnes at 15.025 PSIA at 60°.	CUMENT	2.2.	The ULSTR location of this POD if it is different from well completion location and a short description of the (Example: "Battery A", "Jones CPD",etc.)			
A reque	et for all	owable for a newly drilled or dee	named same it ensures has	23.	The POD number of the storage from which water is n from this property. If this is new well or recompletio this POD has no number the district office will ass number and write it here.			
All sect	ions of th	i Rule 111. his form must be filled out for all pleted wells.		24.	The ULSTR location of this POD H it is different from well completion location and a short description of the			
Fill out change	only sec	tions I, II, III, IV, and the operat rator, property name, well num	or certifications for ber, transporter, or	25.	(Example: "Battary A Water Tank", "Jones CPD ) Tank",etc.) MO/DA/YR drilling commenced			
		999. 104 must be filed for each	not in a multi-t-	26	MO/DA/YR this completion was ready to produce			
comple	uon.		•	27.	Total vertical depth of the well			
Imprope operato	rly filled	l out or incomplete forme m roved.	sy be returned to	28.	Plugback vertical depth			
1.	Operat	or's name and address		29.	Top and bottom perforation in this completion or or shoe and TD if openhole			
2.	Operat	or's OGRID number. If you do	not have one it will	30.	Inside diameter of the well bore			
3.	D-8 8481	igned and tilled in by the District	t office.	31,	Outside diameter of the casing and tubing			
5.	RC CH	n for filing code from the followi New Well Recompletion Change of Operator		<b>32</b> .	Depth of casing and tubing. If a casing liner show to bottom,			
	A0 C0	Add oil/condensate transport Change oil/condensate transp	er porter	3 <b>3</b> .	Number of sacks of coment used per casing string			
	AG CG	Addiges transporter Chance das transporter		The fo	bliowing test data is for an oil well it must be from a			
	R <b>T</b>	Request for test allowable requested	-	34.	cted only atter the total volume of load oil is recovered.			
		ny other reason write that reaso	on in this box.	34. 35.	MO/DA/YR that new oil was first produced MO/DA/YR that gas was first produced into a pipeli			
4. 5 <i>.</i>		Pl number of this well		36.	MO/DA/YR that the following test was completed			
5. 6.		me of the pool for this completi of code for this pool	on	37.	Langth in hours of the test			
7.	_	operty code for this completion		38.	Flowing tubing pressure - oil wells			
8.		operty code for this completion operty name (well name) for this	completion	28	Shut-in tubing pressure - gas wells			
9.		all number for this completion	e - seren organiser (start (	39.	Flowing casing pressure - oil wells Shut-in casing pressure - gas wells			
<ol> <li>The surface location of this completion United States government survey designs for this location use that number in the 1U</li> </ol>		on NOTE: If the	40.	Diameter of the choke used in the test				
		blates government survey design location use that number in the	nates al of Number	41.	Barrels of oil produced during the test			
11.	Uthern	vise use the OCD unit letter.		42.	Barrels of water produced during the test			
11. 12.		ntom hole location of this comp code from the following table:	etion	43.	MCF of gas produced during the test			
· <b>-</b> ·	F	Federal State		44.	Gas well calculated absolute open flow in MCF/D			
	Р Ј N	Fse Jicarilla Navajo		45.	The method used to test the well: F Flowing P Pumping S Swabbing			
	ĭ	Ute Mountain Ute Other Indian Tribe			If other method please write it in.			
13.	The pro F P	oducing method code from the f Flowing Pumping or other artificial lift	-	<b>46</b> .	The signature, printed name, and title of the p authorized to make this report, the date this repor signed, and the telephone number to call for que about this report			
14.	696 N.F	YR that this completion was f reporter	irst connected to a	47.	The previous operator's name, the signature, printed r and title of the previous operator's represent			
15. 16.	THE CO	rmit number from the District a mpletion			authorized to verify that the previous operator no operates this completion, and the date this repor signed by that person			
16. 17.		VYR of the C-129 approval for t						
	comple	VYR of the expiration of C-12 tion	a spproval for this					
18.		s or oil transporter's OGRID nun						
19.		and address of the transporter o						
20.	OF DECO	mber assigned to the POD from transported by this transporter, impletion and this POD has no will assign a number and write h	If this is a new well					
21.	Produc O	t code from the following table:	•		a a an			
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