District I PO Box 1980, Bobba, NM 88241-1980 District II		State of New Mexico					Form C-104 Revised February 10, 1994				
NO Drawer DD, Artesia, NM 88211-071 District III	SERVATION DIVISION				Instructions on ba						
1909 Rio Brazue Rd., Astec, NM 87410 District IV			PO Bo Fe, NN	x 2088			Submit to Appropriate District Office 5 Copie				
10 Box 2063, Samla Fe, NM 87504-2084 I. REOUTES								C		ended repor	
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MONUMENT, NM 88265						\mathcal{L}	CG EFFEC		-		
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4004 PENBROOK ODESSA, TEXAS 79762							UNIT I, SEC. 10, T-22S, P-37E				
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I hereby certify that the rules of the Oil C th and that the information given above is	Conservation Div true and compl	ision have been ele to the best	a complied of my		0II	CON	SERVATIO				
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If this is a change of operator fill is the	OGRID num	5) 393-2	of the most	NIS ADAR-1	nania, Juli Pilan Japan Ja Milla - Juli Milan Angela Japan Ja Milla - Juli Milan Angela Japan Ja			d - Standard - Star Daylor - 2 An Mart - Robert - Star Daylor - Star Mart - Star - Star - Star - Star - Star			
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AMEND	IS AN AMENDED REPORT, CHECK THE BOX LABLED DED REPORT AT THE TOP OF THIS DOCUMENT	22.	The ULSTR location of this POD if it is different from th well completion location and a short description of the POU (Example: "Battery A", "Jones CPD", etc.)
Report a A reques	If gas volumes at 15.025 PSIA at 60°. If oil volumes to the meanest whole barrel. It for allowable for a newly drilled or deepened well must be	23.	The POD number of the storage from which water is move from this property. If this is a new well or recompletion an this POD has no number the district office will assign
scoordar All sectio	nied by a tabulation of the deviation texts conducted in nos with Rule 111. ons of this form must be filled out for allowable requests on	24.	number and write it here. The ULSTR location of this POD if it is different from the well completion location and a short description of the PO
Fill out a	i recompleted wells. only sections I, II, III, IV, and the operator certifications for of operator, property name, well number, transporter, or	25.	(Example: "Battery A Water Tank", "Jones CPD Wate Tank", etc.) MO/DA/YR drilling commenced
other su	ch changes.	26.	MO/DA/YR this completion was ready to produce
A separ completi	rate C-104 must be filed for each pool in a multiple ion.	27.	Total vertical depth of the well
	rly filled out or incomplete forms may be returned to supproved.	28.	Plugback vertical depth
1.	Operator's name and address	29.	Top and bottom perforation in this completion or casis shoe and TD if openhole
2.	Operator's OGRID number. If you do not have one it will	30.	Inside diameter of the wall bors
ว	be assigned and filled in by the District office.	31.	Outside diameter of the casing and tubing
3.	Reason for filing code from the following table: NW New Well RC Recompletion	32.	Depth of casing and tubing. If a casing liner show top 6
	CH Change of Operator AO Add cil/condenasts transporter	33.	bottom. Number of eacks of coment used per casing string
	CO Change oil/condensate transporter AG Add gas transporter		Howing test data is for an oil well it must be from a ta
	CG Change gas transporter RT Request for test allowable (Include volume		cted only after the total volume of load oil is recovered.
	tequested) If for any other reason write that reason in this box.	34.	MO/DA/YR that new oil was first produced
4.	The API number of this well	35.	MO/DA/YR that gas was first produced into a pipeline
5.	The name of the pool for this completion	36.	MO/DA/YR that the following test was completed
6.	The pool code for this pool	37.	Length in hours of the test
7.	The property code for this completion	3 8.	Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
8.	The property name (well name) for this completion	3 9 .	Flowing casing pressure - oil wells
9.	The well number for this completion	40.	Shut-in casing pressure - gas wells Dismeter of the choke used in the test
10.	The surface location of this completion NOTE: If the United States government survey designates a Lot Number	41.	Barrals of oil produced during the test
	for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit latter.	42.	Barrals of water produced during the test
11.	The bottom hole location of this completion	43.	MCF of gas produced during the test
12.	Lesse code from the following table:	44.	Gas well calculated absolute open flow in MCF/D
	F Federal S State P Fee J Jicarilla	45.	The method used to test the well: F Flowing P Pumping
	N Navajo U Ute Mountain Ute I Other Indian Tribe	46.	S Swabbing If other method please write it in.
13.	The producing method code from the following table: F Flowing P Pumping or other artificial lift	40.	The signature, printed name, and title of the para authorized to make this report, the date this report w signed, and the telephone number to call for question about this report
14.	MO/DA/YR that this completion was first connected to a gas transporter	47.	The previous operator's name, the signature, printed nam
15.	The permit number from the District approved C-129 for this completion		and title of the previous operator's representat authorized to verify that the previous operator no ion operates this completion, and the date this report v signed by that person
16.	MO/DA/YR of the C-129 approval for this completion		
17.	MO/DA/YR of the expiration of C-129 approval for this completion		
18.	The gas or oil transporter's OGRID number		
19.	Name and address of the transporter of the product		
20.	The number essigned 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.		and the second
21.	Product code from the following table:		
L 1.	Product code from the following table: O Oil G Gas	** ¶2₹	
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