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1000 Rie Braz District IV	no Rd., Ant	ar, NM 8741	•	Santa		M 8750		5 Copies						
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" I hereby certa	by that the	rules of the O	il Conservation D	ivision have t	tota comolio									
with and that the knowledge and	ie ieforeatio	m given abov	e is true and com	piete to the be	ent of my		OIL	. COI	NSERVATI	ON DIVI	SION			
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Printed same:	Arthu	ır N. Bi	udge, Sr.			Title:		ŕ	61. 1 (SP.)	!				
True: Operations Manager						Approval Date:								
Date:	1251	99		214-363-3008										
°if Chueiseac	mange of o	peretor fill is	the OGRID BU	mber and nas	me of the p		L. Shi	dlar	D-	resident	117/20			
01/02		Operator Sig	-				d Name	uref	£1	Title	//27/77 Date			
014096) Mark	L. Shi	dler, Inc	•			• • • • • • • • • • • •							

-	THIS IS AN AMEND. REPORT, CHECK THE BOX LABLED MENDED REPORT AT THE TOP OF THIS DOCUMENT	22.	well completion location and POD if it is different from
Rej Rej	port all gas volumes at 15.025 PSIA at 60°. port all oil volumes to the nearest whole barrel.	23.	sectory A , Jones CPU .etc.)
A /	equest for allowable for a newly drilled or deepened well must be companied by a tabulation of the deviation tests conducted in cordance with Rule 111.	23.	The POD number of the storage from which water is mo- from this property. If this is a new well or recompletion - this POD has no number the district office will assign number and write it here.
	sections of this form must be filled out for allowable requests on w and recompleted wells.	24.	The ULSTR location of this POD if it is different from well completion location and a short description of the Pi (Example: "Battery A Water Tank", "Jones CPD Wa Tank" and 1
	out only sections I, II, III, IV, and the operator certifications for inges of operator, property name, well number, transporter, or er such changes.	25.	Tank",etc.) MO/DA/YR drilling commenced
A 1	reparate C-104 must be filed for each post in a multi-	26.	MO/DA/YR this completion was ready to produce
		27.	Total vertical depth of the well
lmpi opei	roperly filled out or incomplete forms may be returned to	28.	Plugback vertical depth
1.	Operator's name and address	29.	Top and bottom perforation in this completion or case shoe and TD if openhole
2.	Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.	30.	Inside diameter of the well bare
3.	Reason for filing code from the following table:	31.	Outside diameter of the casing and tubing
	NW New Well RC Recompletion CH Change of Operator	32.	Depth of casing and tubing. If a casing liner show top ar bottom.
	CO Change oil/condensate transporter	33.	Number of sacks of cement used per casing string
	AG Add gas transporter CG Change gas transporter RT Request for test allowable (include volume requested)	The f	allowing test data is for an oil well it must be from a tex acted only after the total volume of load oil is recovered.
	requested) 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	38.	Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
8.	The property name (well name) for this completion	39.	Flowing casing programs, all walks
9.	The well number for this completion		Shut-in casing pressure - gas wells
10.	The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location was the survey designates a Lot Number	40.	Diameter of the choice used in the test
	for this location use that number in the 'UL or let ne.' box. Otherwise use the OCD unit letter.	41,	Barrele of oil produced ouring the test
11.		42.	Barrels of water produced during the test
12.	The bottom hole location of this completion	43.	MCF of gas produced during the test
· - ·	Lease code from the following table; F Federal S State	44.	Gas well calculated absolute open flow in MCF/D
	P Fee J Jicarilla N Navajo	45.	The method used to test the well: F Flowing P Pumping
	U Ute Mountain Ute I Other Indian Tribe		8 Swebbing If other method please write it in.
13.	The producing method code from the following table: F Flowing P Pumping or other entificial lift	46.	The signature, printed name, and this of the person authorized to make this report, the date this report was signed, and the telephone number to call for questions 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 name, and title of the services
15.	The permit number from the District approved C-129 for this completion		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
16.	MO/DA/YR of the C-129 approval for this completion		warma ay mat person

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16. MO/DA/YR of the C-129 approval for this completion

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- 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 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.

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21. Product code from the following table: O Oil G Gee

District I PO Ben 1998, Einbhn, NM 20241-1998 District II 'YO Drower DD, Arissis, NM 20211-0719 District III 1998 Rio Brame Rd., Aster, NM 27410			State of New Mexico Earry, Maarab & Natural Researces Department OIL CONSERVATION DIVISION PO Box 2088					ſ	Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office S Copies						
District IV PO Box 2008, S			Santa Fe, NM 87504-2088												
I.	Sable Pe,			FOR A	LLOW	ABLI	E AND	AUTH	ORIZA	\TI		RANS			
				Operator M	ane and Ade	dress		<u></u>					ID Nemi		
Five States Operating Company												1532			
4925 Greenville Avenue, Suite 1200 Dallas, Texas 75206											CH	'Remove for Filing Code H eff. 1/1/99			
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30 - 0 25-	Bline	bry Oil	l & G					* Peel Code 06660							
'n	* Preparty Name							' Well Number							
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				iana, Ste. 5000 X 77002-5050											
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" Hole Size			" Casing & Tubing S			ilae III Depth Se						²⁰ Secks Cement			
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Title:	_		is Man					proval Date:					·		
Doe: 1129/99 Proce: 214-363-3008															
" If this is a ch			fill in the	OCRID ava	ber and nat	ne of the	e previous	operator							
		m	J'ML	$\underline{\mathbb{C}}$			Ma	ark L.		er	P	ceside	-	1/27/99	
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