District I PO Box 1988, Hobbs, NM \$2241-1988 District II

State of New Mexico

Form C-104 Revised February 10, 1994

20 Drawer DD, Artesia, NM \$2211-0719

Instructions on back

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istrict (V O Box <mark>1088, S</mark> e										MENDED REPOR	
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4.1.					***************************************						
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knowledge and Signature:	s belief.				MIY			ONSERVA'			
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Printed same:		a Wilson				Title:			and the second second		
Title: Staf	f Offi	ce Assis	tant			Approved Date: MAY 0 2 1995			02 1996		
	- 24.			915) 688	-7871	-			1171		
"If this is a	-	و ها الله مسعود	ocrd		no of the per	مرود و داد	_				
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	Previous	Operator Sign	-			Printed I	Vacco -		Title	Date	

			onservation Snouth	Oivision			
Repor		AMENDED REPORT, CHECK THE BOX LABLED PORT" AT THE TOP OF THIS DOCUMENT	2 2 .	The ULSTR location of this POD if it is different from to well completion location and a enort description of the PO (Example: "Battery A", "Jones CPD", etc.)			
A regu	seat for al	diumes at 15.025 PSIA at 60°. Identification of the deviation tests conducted in the final 111.	23.	The POD number of the storage 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 in number and write it here.			
		this form must be filled out for allowable requests on	24.	The ULSTR location of this POD if it is different from the well completion location and a snort description of the PO (Example: "Battery A Water Tank", "Jones CPD Water Tank", atc.)			
chang	ee of ope	prions i, II, III, IV, and the operator certifications for prior, property name, well number, transporter, or inges.	25.	MO/DA/YR drilling commenced			
A separate C-104 must be filed for each pool in a multiple			26.	MO/DA/YR this completion was ready to produce			
			27.	Total vertical depth of the well			
operet	ors unapp	d out or incomplete forms may be returned to moved.	28.	Plugback vertical depth			
1. 2.		tor's name and address	29.	Top and bottom perforation in this completion or casing			
pe assigned and filler		ter's OGRID number. If you do not have one it will upned and filled in by the District office.	30.	Inside diameter of the well bore.			
3.	Resea	n for filing code from the following table.	31.	Outside diameter of the casing and tubing			
	RC CH	Recompletion	32.	Depth of casing and tubing. If a casing liner show top and			
	AO CD	Change of Operator Add oil/condensate transporter	22				
	AG CG	Add gas transporter	3 3 .	Number of sacks of cement used per casing string			
	RT	Change gas transporter Request for test allowable (include volume requested)	conduc	illowing test data is for an oil well it must be from a test test only after the total volume of load oil is recovered.			
	if for	any other resear write that reason in this box.	34.	MO/DA/YR that new oil was first produced			
.		Pl number of this well	3 5 .	MO/DA/YR that gas was first produced into a pipeline			
5. The name of the pool for this completion			3 6 .	MO/DA/YR that the following test was completed			
3.	The pool code for this pool			Langth in hours of the test			
7. The property code for this completion			38.	Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells			
The property name (well name) for this completion The well number for this completion			3 9 .	Flowing casing pressure - oil wells Shut-in casing pressure - gas wells-			
0.	The surface togetion of this		40.	Diameter of the choke used in the teasy			
	for this	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.		Barrels of oil produced during the test			
11.		and and millips,	42.	Barrels of water produced during the test			
2.		enter note location of this completion	43.	MCF of gas produced during the test			
	F S	code from the following table: Federal	44.	Gas well calculated absolute open flow in MCF/D			
	P	State Fee	45.	The method used to test the well:			
	Ň	Jicarilla Navejo		r Flowing P Pumping			
	i	Ute Mountain Ute Other Indian Tribe		S Swabbing If other method please write it in:			
13.	The pr F P	oducing method code from the following table: Flowing Pumping or other artificial lift	46.	The signature, printed name, and title-of the percention sutherized to make this report, the data-this report was signed, and the telephone numbers and fee			
4.	MO/D/	A/YR that this completion was first connected to a	47.	The second secon			
5.				The previous operator's name, the signature, printed non and title of the previous operator's representate authorized to verify that the previous-operator no form operator this completion, and the date this report was provided by the completion.			
6.	MO/D/	AYR of the C-129 approval for this completion		signed by that person			
7.	MO/D/	AVR of the expiration of C-129 approval for this					
8.		e or oil transporter's OGRID number					
9.		and address of the transporter of the product					
20.	The nu will be or rece	imber assigned to the POD from which this product transported by this transporter. If this is a new well product on and this POD has no number the district will assign a number and write it here.					
21.		it code from the following table:					

Product code from the following table: 0 $$\operatorname{Oil}_{G}$$ Gas.