District I PO Box 1999, Hobbs, NM 98241-1999 District II			State of New Mexico Easing, Mastria & Nataral Resources Department							For February I
PO Drawer DD, Artania, NM 88211-0719 District III 1000 Rio Brazos Rd., Aztor, NM 87410			PO Box 2088					Submit to Appropriate Distric		
District IV			Santa Fe, NM 87504-2088					X AMENDED R		
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ZACAHRY OIL OPERATING PO BOX 1969				IG COMPANY				025593		
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30-0 25-30607			BRUNSON DRINKARD ABO, SOUTH							07900
	operty Code 3014		' Property Name HINTON					' Well Namber		
		Location			H	INION	ببر ومنبعدة			
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II. Oil ar	nd Gas 7	Transporte	ers			10		·. ···································		
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28015 /. Well C * spectrum 4-30-2 12	d Date 89 * Eloie Size	6	*c 8-5/8	asing & Tubing		1			• Seck 780sx-2%	CC
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"AME	HIS IS AN AMENDED REPORT. CHECK THE BOX LABLED ENDED REPORT AT THE TOP OF THIS DOCUMENT	22.	The CR location of this Process is different from the well stateton location and - Cr description of the POD (Example well Satery A*, "Jones 2017, etc.)				
	rt all gas volumes at 15.025 PSLA at 60°. It all oil volumes to the meanest whole barrol.	23.	The contract of the storage com which weter is moved				
accor	uset for allowable for awhy drilled or deepened well must be npanied by a tabulation of the deviation tests conducted in dance with Rule 111.		from a property. If this is a new well or recompletion and this POD has no number the district office will easign a number and write it here.				
All se	ctions of this form must be filled out for allowable requests on and recompleted wells.	24.	The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Exemple: "Battery A Water Tenk", "Jones CPD Water Tenk", etc.)				
chang	ut only sections I, II, III, IV, and the operator certifications for see of operator, property name, well number, transporter, or such changes.	25.	MO/DA/YR drilling commenced				
A separate C-104 must be filed for each pool in a multiple			MO/DA/YR this completion was ready to produce				
	letion.	27.	Total vertical depth of the well				
	perly 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 casing shos and TD if openhole				
2 .	Operator's OGRID number,	30.	Inside diameter of the well bore				
3.	Resean for filing code from the following table:	31.	Outside stameter of the casing and tubing				
σ.	NW New Well RC Recompletion CH Change of Operator	32.	Depth or casing and tubing. If a casing liner show top and bottom.				
	AO Add oil/condensate transporter CO Change oil/condensate transporter	33.	Number of secks of coment used pur casing string				
	AG Add ges transporter CG Change gas transporter RT Request for tast allowable (include volume	The fo	slowing test data is for an oil well it must be from a test oted only after the total volume of load oil is recovered.				
	requested)	34.	MO/DA/YR that new oil was first produced				
4.	If for any other reason write that reason in this box.	35.	MO/DA/YR that gas was first produced into a pipeline				
	The API number of this well.	36.	MO/DA/YR that the following test was completed				
5.	The name of the pool for this completion	37.	Longth in hours of the test				
6. 7.	The pool code for this pool 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 pressure - oil wells Shut-in casing pressure - gas wells				
9.	The well number for this completion	40.	Diameter of the choice used in the tust				
10.	The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number in the 'UL or lot ne.' box.	41.	Barrols of oil produced during the test				
	for this location use that number in the 'UL or let ne.' box. Otherwise use the OCD unit letter.	42.	Serreis 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	45.	The method used to test the well:				
	P Fee J Jicarille		F Flowing P Pumping				
	N Navajo U Ute Mountain Ute I Other Indian Tribe		S Swebbing If other method please write it in.				
1 3 .	The producing method code from the fellowing table: F Flowing P Pumping or other entificial lift	46.	The signature, printed name, and title of the person suthorized 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 pravious operator's consecutive				
15.			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		- ····				
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 or the transporter of the product

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. 20.

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

يحاديه بالمعاملة بتروقح ليوادد البيوا ومحاج بالمعا

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