District I

PO Box 1980, Hobbs, NM \$8241-1980

District II

NO Drawer DD, Artesia, NM 88211-6719

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OIL CONSERVATION DIVISION

State of New Mexico

Form C-104

Revised February 10, 1994

Instructions on back

Submit to Appropriate District Office

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator same and Address A.A. OLLFIELD SERVICE, INC. O00028 A.A. OLLFIELD SERVICE, INC. O00028 O00028 SALVAGE OLL FREW SLIC VALVER O0007 O00028 SALVAGE OLL FREW SLIC VALVER O0007 STATE "AB SUD SAN ANDRES OO007 "NORTH I SERVICE TO SAN ANDRES OO007 "NOR	trict III 6 Rio Brazos	Rd., Aztec,	NM 87410	O.		PO Box :	2088 87504-2088		540 <u>m</u>		5 Copies	
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Previous Operator Signature Printed Name Title Date		•	-			-						
		Previous	Operator Si	gnature			Printed Nam	e		Title	Date	

IF THIS IS AN AMENDED REPORT. CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections I, II, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- Reason for filing code from the following table: 3.

RC CH AO CO AG CG RT

New Well
Recompletion
Change of Operator
Add oil/condensate transporter
Change oil/condensate transporter
Add gas transporter
Change gas transporter
Request for test allowable (Include volume ni nequest for test allowable (include vor requested)

If for any other reason write that reason in this box.

- The API number of this well 4.
- 5 The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- 9. The well number for this completion
- The surface location of this completion NOTE: 10. if the 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.
- 11. The bottom hole location of this completion
- Lease code from the following table:

Federal State

S

Fee Jicarilla

- Navajo Ute Mountain Ute Other Indian Tribe
- 13. The producing method code from the following table:

Flowing Pumping or other artificial lift

- MO/DA/YR that this completion was first connected to a 14. gas transporter
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17.
- The gas or oil transporter's OGRID number 18.
- Name and address of 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 Gas 21.

- The ULSTR location of this POD if it is different from the well completion location and a short description of the PC (Example: "Battery A", "Jones CPD", etc.) 22.
- The POD number of the storage from which water is move from this property, if this is a new well or recompletion as this POD has no number the district office will assign number and write it here. 23.
- The ULSTR location of this POD If it is different from the well completion location and a short description of the PC (Example: "Battery A Water Tank", "Jones CPD Wat Tank", etc.) 24.
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- 29. Top and bottom perforation in this completion or casi shoe and TD if openhole
- Inside diameter of the well bore 30.
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top ar
- 33 Number of sacks of cement used per casing string

The following test data is for an oil well it must be from a teconducted only after the total volume of load oil is recovered.

- 34. MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline 35.
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Florring casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter of the choke used in the test
- 41. Barrals of oil produced during the test
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D 44.
- 45 The method used to test the well:

Flowing Pumping Swapbing If other method please write it in.

- The signature, printed name, and title of the persauthorized to make this report, the date this report v signed, and the telephone number to call for questic about this report 46.
- The previous operator's name, the signature, printed name and title of the previous operator's representat authorized to verify that the previous operator no lon operates this completion, and the date this report visigned by that person 47.

