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I.	If well produces oil or liquids, give location of tanks.  If this production is commingled with COMPLETION DATA  Designate Type of Completion Date Spudged  Elevations (DF, RKB, RT, GR, etc.,  Perforations  HOLE SIZE  TEST DATA AND REQUEST FOOLL WELL.  Date First New Cit Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (pitot, back pr.)  CERTIFICATE OF COMPLIAN	Unit   Sec.   Twp.   Pge.    In - (X)	Boy 67 Monume  Is gas actually connected?  Is gas actually connected?  I say as actually connected?  I say a	Plug Back   Same Resty. Dist. Resty.  P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT  SI and must be equal to or exceed top allow  lift, etc.)  Choke Size  Gas+MCF  Gravity of Condensate  Choke Size
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	If well produces oil or liquids, give location of tanks.  If this production is commingled with COMPLETION DATA  Designate Type of Completion Date Spunded  Elevations (DF. RKB, RT, GR, etc.,  Perforations  HOLE SIZE  TEST DATA AND REQUEST FOOIL WELL.  Date First New Cit Run To Tanks  Length of Test  Actual Prod. During Test  GAS WELL  Actual Prod. Test-MCF/D  Testing Method (puros, back pr.)  CERTIFICATE OF COMPLIAN  I hereby certify that the rules and	Unit   Sec.   Twp.   Pge.    In - (X)	Boy 67, Monume  Is gas actually connected?  Sis gas actually connected?  New Weil Workover Deepen  Total Depth  Top Oil/Gas Pay  Depth SET  Depth SET  Depth or be for full 24 hours)  Producing Method (Flow, pump, gas)  Casing Pressure  Water-Bols.  Bbls. Condensate/MMCF  Casing Pressure (Shut-in)  OIL CONSER	Plug Back   Same Restw. Dist. Restw.  P.B.T.D.  Tubing Depth  Depth Casing Shoe  SACKS CEMENT  SIZE  Gland must be equal to or exceed top allow  lift, etc.)  Choke Size  Gravity of Condensate  Choke Size

Division Manager

(Title)

NMOCD (5)

USES(3) MMFLL(4) FILE

Lease No. 031695(6)

District Supervisor TITLE \_

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completes wells.