Nistrict I PO Box 1986, Hobba, NM 88241-1986 District II

State of New Mexico

Form C-104 Revised February 10, 1994

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OIL CONSERVATION DIVISION

Instructions on back Submit to Appropriate District Office

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IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT The ULSTR location of this POD if it is different from the wall completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.) 22. Report all gas volumes at 15,025 PSIA at 60°. Report all oil volumes to the nearest whole barrel. 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 a number and write it here. 23. A request for allowable for a newly drilled or despaned well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111. The ULSTR location of this POD if it is different from the wall completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.) 24. 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. MO/DA/YR drilling commenced 25. A separate C-104 must be filed for each pool in a multiple completion. MO/DA/YR this completion was ready to produce 26. 27. Total vertical depth of the well Improperly filled out or incomplete forms may be returned to operators unapproved. 28. Plugback vertical depth Top and bottom perforation in this completion or casing shoe and TD if openhole 29. 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. 30. Inside dismater of the well bore Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change gas transporter

RT Request for test allowable (Include volume requested) Outside diameter of the casing and tubing 3 . 3. Depth of casing and tubing. If a casing liner show top and bottom. 32. Number of sacks of cament used per casing string 33. The following test data is for an oil well it must be from a test conducted 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 MO/DA/YR that gas was first produced into a pipeline 35. 4 The API number of this well MO/DA/YR that the following test was completed 36. 5. The name of the pool for this completion 37. Length in hours of the test 6. The pool code for this pool Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells 38. 7. The property code for this completion 8. The property name (well name) for this completion Flowing casing pressure - oil wells Shut-in casing pressure - gas wells 39. 9. The well number for this completion 40. Diameter of the choke used in the test 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 no.' box. Otherwise use the OCD unit letter. 10. 41. Barrels of oil produced during the test 42. Barrels of water produced during the test 11. The bottom hole location of this completion 43. MCF of gas produced during the test Lesse code from the following table: 12. 44 Gas well calculated absolute open flow in MCF/D Federal State Fee Jicarilla The method used to test the well: 45. F Flowing
P Pumping
S Swabbing
If other method please write it in. CAC Navajo Ute Mountain Ute Other Indian Tribe The signature, printed name, and title 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 46. The producing method code from the following table:

F Flowing
P Pumping or other artificial lift 13. 14 MO/DANR that this completion was first connected to a The previous operator's name, the signature, printed name, 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 47 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/DATTR of the expiration of C-129 approval for this 17. completion 18. The gas or oil transporter's OGRID number Name and address of the transporter of the product 19. 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. ner e ner i nere Gerte d^e

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