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*			New Mexica Oil Goneed G-104 Inernic	vation Di tione	daton		
J.F ₽A	THIS	is an ai Ed repor	MENDED REPORT. CHECK ' BOX LABLED : . T" AT THE TOP OF THIS DOLENT	22.	The ULSTR loc of this POD If it is different from the well completion, story and a short description of the POD [Example; "Battery A", "Jones CPD", etc.]		
R.	port all	i õit volum Litor allowi	nes at 15.025 PSIA at 60°. se to the nearest whole barrel. able for a newly drilled or deepened well must be	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 a		
86	compa	nied by a ce with Au	tabulation of the deviation tests conducted in	~ 4	number and write it here.		
N 6	w and	recomplet		24.	The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)		
Fil ch	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.				MO/DA/YR drilling commenced		
					MO/DA/YR this completion was ready to produce		
					Total vertical depth of the well		
Im	Improperly filled out or incomplete forme may be returned to			28.	Plugback vertical depth		
op 1.	erstore	unapptov	ed. s name and address	29.	Top and bottom perforation in this completion or casing shoe and TD if openhole		
2.	Operator's OGRID number.		• OGRID number. If you do not have one it will	30.	Inside diameter of the well bore		
			ed and filled in by the District oilice.	31.	Outside diameter of the casing and tubing		
3.		NW RC	n filing code from the following table: New Well Recompletion	32.	Depth of casing and tubing. If a casing liner show top and bottom.		
			Change of Operator Add oil/condeneate transporter	33.	Number of eacke of cement used per casing string		
		AG Add gas tra	Change oil/condeneste transporter Add gas transporter Change gas transporter	The following test data is for an oil well it must be from conducted only after the total volume of load oil is recovered			
		RT	Request for test allowable (Include volume reguested)	34.	MO/DA/YR that new oil was first produced		
		If for any	other reason write that reason in this box.	36.	MO/DA/YR that gas was first produced into a pipeline		
4.			aumber of this well	36.	MO/DA/YR that the following test was completed		
5.	•	The name	a of the pool for this completion	37.	Longth in hours of the test		
6. 7.		•	code for this pool erty code for this completion	38.	Flowing tubing pressure - oil welles Shut-in tubing pressure - ges welle		
8.		• •	erty name (well name) for this completion	39.	Flowing casing pressure - oil wells		
9.			number for this completion	•	Shut-in casing pressure - gas wells		
		The surf	aca location of this completion NOTE: If the	40.	Diameter of the choke used in the test		
10.	υ.	United St	tates government survey designates a Lot Number ocation use that number in the 'UL or lot no.' box.	41.	Barrele of oil produced during the test		
		Otherwie	e use the OCD unit letter.	42.	Barrele of water produced during the teet		
1	1.	The botto	am hate location of this completion	43.	MCF of gas produced during the test		
1	2.		de from the following table: Federal	44.	Gae well calculated absolute open flow in MCF/D		
		F S J N U	State Fae Jicarilla Navajo Ute Mountain Ute	46.	The method used to test the well: F Flowing P Pumping S Swabbing If other method please write it in.		
13.	l The prod	Other Indian Tribe ucing method code from the following table:	46.	The signature, printed name, and title of the person authorized to make this report, the date this report was			
	F P	Flowing Pumping or other artificial lift		eigned, and the telephone number to call for questions about this report			
1	 MO/DA/YR that this completion was first con gas transporter 		iporter	47.	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 long		
1	5.	thie com			operates this completion, and the date this report was signed by that person		
1	6.		rR of the C-129 approval for this completion		•		
1	7.	MO/DA/\ completio	YR of the expiration of C-129 approval for this on				
1	8.	The gas	or ail transporter's OGRID number				
۱	9.		d address of the transporter of the product				
2	0.	The num	her assigned to the POD from which this 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.

н 1917 - Ульс Ф. 19<mark>7</mark> 2017 - Ульс Ф. 19<mark>7</mark>

21.	Product O	oba Oil	trom	th∎	fellowing	table:
	G	Gas				