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A request for allowable for a newly drilled or deepened well must be

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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.

separate C-104 must be filed for eaci. ol in a multiple

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

1. Operator's name and address

3.

- 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: NW New Well RC Recompletion CH Change of Operator (include the effective date.) AO Add oil/condensate transporter CO Change oil/condensate transporter CG Change gas transporter CG Change gas transporter RT Request for test allowable (include volume requested) If for any other reason write that reason in this box.

- 4. The API number of this well
- 5. The name of the pool for this completion
- 6. The pool code for this pool
- 7. The property code for this completion
- The property name (well name) for this completion 8.
- The well number for this completion 9.
- 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.
- 11. The bottom hole location of this completion
- Lease code from the following table: F Federal S State P Fee J Jicarilia N Navajo U Ute Mountain Ute I Other Indian Tribe 12.

  - The producing method code from the following table: F Flowing P Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14. gas transporte
- The primit number from the District approved C-129 for this completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this completion 17. 18.
- The gas or oil transporter's OGRID number
- 19. 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: 0 Oil G Gas 21.

13.

- 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", "Jones CPD",etc.) 22.
- 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.
- 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" at a location of the second s 24
- MO/DA/YR drilling commenced 25.
- 26. MO/DA/YR this completion was ready to produce
- Total vertical depth of the well 27.
- 28. Plugback vertical depth
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhale
- Write in 'DHC' if this completion is downhole commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore. 30.
- 31. inside diameter of the well bore
- 32. Outside diameter of the casing and tubing
- 33. Depth of casing and tubing. If a casing liner show top and bottom.
- Number of sacks of cement used per casing string 34.

If 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.

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- MO/DA/YR that new oil was first produced 35.
- 36. MO/DA/YR that gas was first produced into a pipeline 37.
- MO/DA/YR that the following test was completed

- Length in hours of the test 38.
- Flowing tui \_\_\_\_\_\_\_ ressure all well Shut-in tub...\_\_\_\_ iressure gas well 39.
- Flowing casing pressure cil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- Barrels of oil produced during the test 42.
- 43. Barrels of water produced during the test
- 44. MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D 45.
- 46. The method used to test the well: Flowing Pumping Swabbing

  - S Swabbing If other method please write it in.
- 47. The signature, printed name, and title of the person authorized to make this report, the date this report was signed, and the talephone number to call for questions about this report
- 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 signad by that person 48.