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VI. Well Test Data FG Lined tbg, 2-3/8" OD J-55 5.2# 8rd EUE @ 4162' ** Date New Oil * Gas Delivery Date ** Test Date ** Test Length ** Tbg. Pressure ** Csg. Pressure ** Choke Size ** Oil ** Water ** Gas ** AOF ** Test Method ** I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature: OIL CONSERVATION DIVISION Printed name: Leila Esterly Title: OISTRICT II SUPERVISOR Title: Regulatory Coordinator Approval Date: 3-10-9T Date: 2/4/98 Phone: 915-688-0700 3-10-9T * If this is a change of operator fill in the OGRID number and name of the previous operator Printed Name Title				20#, J-55 ST&C			3000 '				240 sx						
³ Date New Oil ** Gas Delivery Date ** Test Date ** Test Length ** Tbg. Pressure ** Cag. Pressure ** Choke Size ** Oil ** Water ** Gas ** AOF ** Test Method ** I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. OIL CONSERVATION DIVISION Signature: Approved by: ORNGINAL 3IGNED BY TIM W. GUM Printed name: Leila Esterly Title: DISTRICT II SUPERVISOR Title: Regulatory Coordinator Approval Date: 3-12-9 T Date: 2/4/98 Phone: 915-688-0700 3-12-9 T ** If this is a change of operator fill in the OGRID number and name of the previous operator Printed Name Title Name																	
"Choke Size "Oil "Water "Gas "AOF "Test Method "I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. OIL CONSERVATION DIVISION Signature: Approved by: ORNGINAL 3IGNED BY TIM W. GUM Printed name: Leila Esterly Title: Title: Regulatory Coordinator Approval Date: Date: 2/4/98 Phone: 915-688-0700 "I fit is is a change of operator fill in the OGRID number and name of the previous operator Printed Name	³ Data New Oil A Complete and Castry 2 570 GB 0 55 5.2# OIU EOE (0 4102																
" I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. OIL CONSERVATION DIVISION Signature:					161	Date		"Test Len;	gth	" Tbg. P	ressure		" Csg. Pressure				
with and that the information given above is true and complete to the best of my knowledge and belief. OIL CONSERVATION DIVISION Signature: Approved by: ORNGINAL SIGNED BY TIM W. GUM Printed name: Leila Esterly Title: Ite: Regulatory Coordinator Approval Date: Date: 2/4/98 Phone: 915-688-0700 ** If this is a change of operator fill in the OGRID number and name of the previous operator Printed Name Printed Name Title Name	4' Choke	Size	42	⁴² Oil ⁴³ Wa		ater		4 Gas		45 A.	DF	" Test Method					
with and that the information given above is true and complete to the best of my knowledge and belief. OIL CONSERVATION DIVISION Signature: Approved by: ORNGINAL SIGNED BY TIM W. GUM Printed name: Leila Esterly Title: Ite: Regulatory Coordinator Approval Date: Date: 2/4/98 Phone: 915-688-0700 ** If this is a change of operator fill in the OGRID number and name of the previous operator Printed Name Printed Name Title Name	47 herehy certify	y that the	s of the OB	'one	<u> </u>												
Signature: Approved by: ORNGINAL SIGNED BY TIM W. GUM Printed name: Leila Esterly Title: DISTRICT II SUPERVISOR Title: Regulatory Coordinator Approval Date: 3-12-97 Date: 2/4/98 Phone: 915-688-0700 3-12-97 * If this is a change of operator fill in the OGRID number and name of the previous operator Printed Name Title:	with and that the information given above is true and complete to the best of my																
Printed name: Leila Esterly Title: Regulatory Coordinator Date: 2/4/98 Phone: 915-688-0700 * If this is a change of operator fill in the OGRID number and name of the previous operator Previous Operator Signature Printed Name	knowledge and b Signature:		21	6 11	1		Annrow										
Iterina Esterity Approval Date: Title: Regulatory Coordinator Date: 2/4/98 Phone: 915-688-0700	Printed name:		<u>yle (</u>	x IW	4			- T - O	RIGIN	AL BIGNED	BT TIM VISOR	w. G					
Regulatory Coordinator Approval Date: 3-12-97 Date: 2/4/98 Phone: 915-688-0700 3-12-97 ** If this is a change of operator fill in the OGRID number and name of the previous operator Previous Operator Signature Printed Name	Title:			/	<u></u>			·									
	<u> </u>		tory Co				Approva	Date:		3-12-9	7						
Previous Operator Signature Printed Name	<u>2/4/</u>		ator fill in a	Phone: 91	5-688-070	00											
	= CI	ee or oper	- 101 IN IN IN	e vykid nun	iper and name o	of the pres	rious opera	itor									
		Previous Op	erator Signal	ure		·	Printe	d Name			Title		Date				
	<u> </u>				<u></u>												

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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 y

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

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

- 1. Operator's name and address
- 2. Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
 - - RC CH AO CO AG CG RT

3.

12.

- 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

 AG
 Add gas transporter

 CG
 Change gas transporter

 RT
 Request for test allowable (Include volume requested)

 If for any other reason write that reason in this has

 If for any other reason write that reason in this box.
- 4. The API number of this well
- The name of the pool for this completion 5.
- 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: 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 Jicarilla N Navajo SP JNU
 - Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: F Flowing P Pumping or other artificial lift 13.
- 14.
- MO/DA/YR that this completion was first connected to a 15.
- The permit number from the District approved C-129 for this completion 16.
- MO/DA/YR of the C-129 approval for this completion 17.
- MO/DA/YR of the expiration of C-129 approval for this
- 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. <u>'0.</u>
- 1. Product code from the following table: Oil Gas

Ζ.

- 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.)
- 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. 3. ι.
 - 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
 - MO/DA/YR drilling commenced
 - MO/DA/YR this completion was ready to produce
 - Total vertical depth of the well
 - Plugback vertical depth
 - Top and bottom perforation in this completion or casing shoe and TD if openhole
 - 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.

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

 - S Swabbing If other method plea
 - ase 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 telephone 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 signed by that person 48.