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IF THIS	S IS AN AMENDED REPORT, CHECK THE BOX LABLED DED REPORT AT THE TOP OF THIS DOCUMENT
Report Report	all gas volumes at 15.025 PSIA at 60°. all oil volumes to the nearest whole barrel.
A reque accomp accorda	st for allowable for a newly drilled or deepened well must be anied by a tabulation of the deviation tests conducted in ince with Rule 111,
All sect new an	ions of this form must be filled out for allowable requests on d recompleted wells.
Circlengee	only sections I, II, III, IV, and the operator certifications for of operator, property name, well number, transporter, or ich changes.
A sepa complet	rate C-104 must be filed for each pool in a multiple ion.
Imprope operator	rly filled out or incomplete forms may be returned to a 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.
3. 4. 5.	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) If for any other reason write that reason in this box. The API number of this well The name of the pool for this completion
6.	The pool code for this pool
•. 7.	
8.	The property code for this completion The property name (well name) for this completion
9.	The well number for this completion
10.	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 latter.
11.	The bottom hole location of this completion
12.	Lease code from the following table: 4
	S State 4 P Fee 4 J Jicarilla N y Navajo U Ute Mounitain Ute I Other Indian Tribe
13.	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 transp
- 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/DA/YR of the expiration of C-129 approval for this 17. completio
- 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.
- 21. Product code from the following table: O Oil G Gas

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- 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", atc.) 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 24.
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- Plugback vertical depth 28.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and bottom.
- 33. Number of sacks of cament used per casing string

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.

- 34. MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline 35.
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 10.
- Diameter of the choke used in the test
- 41. Barrels of oil produced during the test
- 12. Berrels of water produced during the test
- 13. MCF of gas produced during the test
- 4. Gas well calculated absolute open flow in MCF/D
- 6.
- The method used to test the well: F Flowing P Pumping S Swebbing H other method ŝ
- If other method please write it in. • 6.
- 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 47.
- The previous operator's name, the signature, printed name, and title of the previous operator's representative suthorized to verify that the previous operator no longer operates this completion, and the date this report was signed by that person

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