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0 - 0 15-27734 Property Code			Quahada Ridge; Delaware S.E. Property Name				50443				
					t (E-5229]
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S Oil a	F pd Gas	Transno	rlore	<u>-</u> -					<u> </u>		
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20.26 FNO

New Mexico Oil Conservation Division C-104 Instructions

AMEN	S IS AN AMENDED REPORT, CHECK THE BOX LABLED NDED REPORT AT THE TOP OF THIS DOCUMENT	22.	Ti e 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.)			
Report	all gas volumes at 15.025 PSIA at 60°, all oil volumes to the nearest whole barret.	23.	The POD number of the storage from which water is moved from this property. If this is a new well or recompletion and			
accom	set for allowable for a newly drilled or deepened well must be panied by a tabulation of the deviation tests conducted in lance with Rule 111.		this POD has no number the district office will sesign a number and write it here.			
All sec new ar	tions of this form must be filled out for allowable requests on nd recompleted walls.	24,	The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Examples: "Battery A Water Tank", "Jones CPD Water Tan			
change	t only sections I, II, III, IV, and the operator certifications for se of operator, property name, well number, transporter, or	25.	Tank",etc.) MO/DA/VR drilling commenced			
	such changes.	26.	MO/DA/YR this completion was ready to produce			
comple	erate C-104 must be filed for each pool in a multiple etion.	27.	Total vertical depth of the well			
Improp	perly filled out or incomplete forms may be returned to ore unapproved.	. 28.	Plugback vertical depth			
1.	Operator's name and address	29.	Top and bottom perforation in this completion or casing shoe and TD if openhole			
2.	Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.	30.	Inside diameter of the well bore			
З,	Reason for filing code from the following table:	· 31.	Outside diameter of the casing and tubing			
	NW New Well RC Recompletion	32.	Depth of casing and tubing. If a casing liner show top and bottom.			
	CH Change of Operator AO Add oil/condensate transporter	33.	Number of sacks of cement used per casing string			
	- CO Change oil/condensate transporter AG Add gas transporter	The f	ollowing test date is for an oil wall it must be from a test			
	CG Change ges trènsporter RT Request for test allowable (Include volume requested)	condu	ored only after the total volume of load oil is recovered,			
	If for any other reason write that reason in this box.	34.	MO/DA/YR that new oil was first produced			
4.	The API number of this well	35. 36.	MO/DA/YR that gae was first produced into a pipeline			
6.	The name of the pool for this completion	30. 37.	MO/DA/YR that the following test was completed			
6. '	The pool cade for this pool	38.	Length in houre of the test Flowing tubing pressure - oil wells			
7. 8.	The property code for this completion The property name (well name) for this completion	•.	Shut-in tubing pressure - gas wells			
9.	The well number for this completion	39.	Flowing casing pressure - oil wells Shut in casing pressure - gas wells			
10,	The surface location of this completion NOTE: If the	40,	Dismeter of the choke used in the test			
	for this location use that number in the 'UL or lot no.' how	41.	Barrels of all produced during the test			
11.	Otherwise use the OCD unit letter.	42.	Barrele of water produced during the test			
12.	The bottom hole location of this completion Lesse code from the following table:	43.	MCF of gas produced during the test			
	F Federal 8 State P Fee	44.	Gas well calculated absolute open flow in MCF/D			
	J Jicarilla	45.	The method used to test the well: F Flowing P Pumpling			
	N Navajo U Ute Mountain Ute		s Swabbing If other method please write it in.			
13.	I Other Indian Tribe	46.	The signature, printed name and title of the person			
	The producing method code from the following table: F Flowing P Pumping or other artificial lift		authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report			
14.	MO/DA/YR that this completion was first connected to a gas transporter	47.	The previous operator's name, the signature, printed name, and title of the previous operator's representative			
15.	The permit number from the District approved C-129 for this completion		authorized to verify that the previous operator no longer operates this completion, and the date this report was eigned by that person			
18,	MO/DA/YR of the C-129 approval for this completion					
17.	MO/DA/YR of the expiration of C-129 approval for this completion	•				
18,	The gas or oil transporter's OGRID number					
19,	Name and address of the transporter of the product	i				
20.	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.	. 	· · · · · · · · · · · · · · · · · · ·			
21.	Product code from the following table: O Oil G Gas					
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