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## New Mexico Oil Conservation Division C-104 Instructions

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	C-104 Instr	ruotione	
IF THIS IS AN AMENDED REPORT, "AMENDED REPORT" AT THE TOP OF	THIS DOCUMENT	22,	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.)
Report all gas volumes at 15.025 PSIA Report all oil volumes to the nearest wi A request for allowable for a newly drill	hole barrel.	23,	The POD number of the storage from which water is moved from this property. If this is a new well associated water is moved
accordance with Rule 111.	revisiion tests conducted in	24,	number and write it here.
All sections of this form must be filled on any and recompleted wells. Fill out only sections 1, 11, 111, 1V, and the transmission of the sections 1, 11, 111, 1V, and the transmission of the section of	he operator exciling the		The ULBTR 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.)
changes of operator, property name, other such changes.	well number, transporter, or	25.	MO/DA/YR drilling commenced
A separate C-104 must be filed fo completion.	er each pool in a multiple	26. 27.	MO/DA/YR this completion was ready to produce
Improperly filled out or incomplete operators unapproved.	forme may be returned to	28.	Total vertical depth of the well Plugback vertical depth
1. Operator's name and address	J	29.	Top and bottom perforation in this completion or casing shoe and TD if openhole
2. Operator's OGRID number. I be seeigned and filled in by t	If you do not have one it will he District office.	30. <sup>.</sup>	Inside diameter of the well bore
3. Reason for filing code from the NW New Well		31.	Outeide diameter of the casing and tubing
RC Recompletion CH Change of Operator	· · · ·	32,	Depth of casing and tubing. If a casing liner show top and bottom,
AO Add oil/condensate CO Change oil/condens	Itansporter	<b>3</b> 3,	Number of sacks of coment used per casing string
CO Change gas transpo RT Request for test	allowable (Include volume	The folla conducte	wing test data le for an oil wall it must be from a test d only after the total volume of load oil le recovered,
If for any other reason write		34.	MO/DA/YR that new oil was first produced
4. The API number of this well		35.	MO/DA/YR that gas was first produced into a pipeline
<ul><li>6. The name of the pool for this</li><li>8. The pool code for this pool</li></ul>	completion	36, 37,	MO/DA/YR that the following test was completed Longth in hours of the test
<ul><li>6. The pool and for this pool</li><li>7. The property code for this or</li></ul>	mpletion	38.	Flowing tubing pressure and wells
8. The property name (well nam	e) for this completion	39,	Flowing casing pressure - gas wells
9. The well number for this com		40.	onut in casing pressure - gas wells
10. The surface location of this United States government our for this location use that sur-	vey designates a Lot Number	41.	Diameter of the choke used in the test Barrels of oli produced during the test
Otherwise use the OCD unit i	etter,		Barrele of water produced during the test
11.The bottom hole location of t12.Lease code from the followin		43,	MCF of gas produced during the test
F Foderat B State	g table:		Gae well calculated absolute open flow in MCF/D
J Jicarilla N Navalo		46.	The method used to test the well: F Flowing P Pumping
U Ute Mountein Ute Other Indian Tribe			S Swabbing If other metiod please write it in.
13. The producing method code f F Flowing P Pumping or other ar		46.	The eignature, printed name, and title of the person authorized to make this report, the date this report was eigned, and the telephone number to oa'l for questione
14. MO/DA/YR that this completing gas transporter	on was first connected to a	47.	The previous operator's name at the tank
15. The permit number from the this completion	District approved C-129 for		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
18. MO/DA/YR of the C-129 appr	oval for this completion		
17. MO/DA/YR of the expiration completion			
18. The gas or oll transporter's O		61	
19. Name and address of the tran	seporter of the product		
20. The number assigned to the P will be transported by this transported by this transported by the transpor	OD from which this product reporter. If this is new well		
office will assign a number an	nae no number the district nd write it here.	•	
21. Product code from the follow O OII G G G G G G G G G G G G G G G G G G G			
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