

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEYSUBMIT IN TRIPLICATE\*  
(Other instructions on re-  
verse side)Form approved.  
Budget Bureau No. 42-R1424.

5. LEASE DESIGNATION AND SERIAL NO.

SF 078281

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

7. UNIT AGREEMENT NAME

San Juan 29-5 Unit

8. FARM OR LEASE NAME

San Juan 29-5 Unit

9. WELL NO.

63

10. FIELD AND POOL, OR WILDCAT

Basin Dakota

11. SEC., T., R., M., OR BLM. AND  
SURVEY OR AREA

Sec. 17, T-29-N, R-5-W

NMPM

12. COUNTY OR PARISH

Rio Arriba

13. STATE

Nm

1. ☐ OIL  
WELL ☐ GAS  
WELL ☒ OTHER

2. NAME OF OPERATOR

El Paso Natural Gas Company

3. ADDRESS OF OPERATOR

PO Box 990, Farmington, NM 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements.\*

See also space 17 below.)

At surface

1180'S, 1180'W

14. PERMIT NO.

15. ELEVATIONS (Show whether DF, RT, GR, etc.)

6553'GL

## 16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

## NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF

☐  
☐  
☐  
☐

FRACTURE TREAT

SHOOT OR ACIDIZE

REPAIR WELL

(Other)

PULL OR ALTER CASING

MULTIPLE COMPLETE

ABANDON\*

CHANGE PLANS

☐  
☐  
☐  
☐

## SUBSEQUENT REPORT OF:

WATER SHUT-OFF

☒  
☒  
☐

FRACTURE TREATMENT

SHOOTING OR ACIDIZING

(Other)

REPAIRING WELL

ALTERING CASING

ABANDONMENT\*

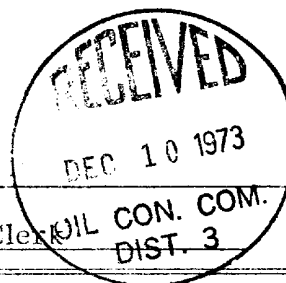
☐  
☐  
☐(NOTE: Report results of multiple completion on Well  
Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

10-17-73 TD 3831'. Ran 121 joints 7", 20#, J-55 intermediate casing, 3819' set at 3831'. Cemented with 196 cu. ft. cement. WOC 12 hours, held 1200#/30 min. Top of cement at 3100'.

10-27-73 TD 8038'. Ran 263 joints 4 1/2", 11.6 and 10.5#, J-55 production casing, 8028' set at 8038'. Float collar set at 8007'. Cemented with 642 cu. ft. cement. WOC 18 hours. Top of cement at 3200'.

11-28-73 PBTD 8007'. Tested casing to 4000#-OK. Perf'd 7850', 7854', 7860', 7921', 7932', 7953', 7959' and 7988' with one shot per zone. Frac'd with 60,000# 40/60 sand and 73,190 gallons treated water. No ball drops. Flushed with 5370 gallons water.



18. I hereby certify that the foregoing is true and correct

SIGNED

TITLE Drilling Clerk

DATE

December 5, 1973

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE

CONDITIONS OF APPROVAL, IF ANY:

\*See Instructions on Reverse Side

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE\*

(See other in-  
structions on  
reverse side)Form approved.  
Budget Bureau No. 42-R355.6.

## WELL COMPLETION OR RECOMPLETION REPORT AND LOG \*

1a. TYPE OF WELL: OIL WELL <input type="checkbox"/> GAS WELL <input checked="" type="checkbox"/> DRY <input type="checkbox"/> Other _____				5. LEASE DESIGNATION AND SERIAL NO. SF 078281	
b. TYPE OF COMPLETION: NEW WELL <input checked="" type="checkbox"/> WORK OVER <input type="checkbox"/> DEEP-EN <input type="checkbox"/> PLUG BACK <input type="checkbox"/> DIFF. RESVR. <input type="checkbox"/> Other _____				6. IF INDIAN, ALLOTTEE OR TRIBE NAME	
2. NAME OF OPERATOR El Paso Natural Gas Company				7. UNIT AGREEMENT NAME San Juan 29-5 Unit	
3. ADDRESS OF OPERATOR PO Box 990, Farmington, NM 87401				8. FARM OR LEASE NAME San Juan 29-5 Unit	
4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)* At surface 1180'S, 1180'W At top prod. interval reported below At total depth				9. WELL NO. 63	
14. PERMIT NO. _____ DATE ISSUED _____				10. FIELD AND POOL, OR WILDCAT Basin Dakota	
15. DATE SPUDDED 10-11-73 16. DATE T.D. REACHED 10-26-73 17. DATE COMPL. (Ready to prod.) 12-8-73				11. SEC., T., R., M., OR BLOCK AND SURVEY OR AREA Sec. 17, T-29-N, R-5-W NMPM	
18. ELEVATIONS (DF, REB, RT, GR, ETC.)* 6553' GI		19. ELEV. CASINGHEAD		12. COUNTY OR PARISH Rio Arriba	
20. TOTAL DEPTH, MD & TVD 8038'		21. PLUG, BACK T.D., MD & TVD 8007'		13. STATE NM	
22. IF MULTIPLE COMPL., HOW MANY*		23. INTERVALS DRILLED BY		14. STATE OF NEW MEXICO	
24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)* 7850-7988'(Dakota)				25. WAS DIRECTIONAL SURVEY MADE no	
26. TYPE ELECTRIC AND OTHER LOGS RUN IES, FDC-GR; Temp. Survey				27. WAS WELL CORED no	
28. CASING RECORD (Report all strings set in well)					
CASING SIZE		WEIGHT, LB./FT.		DEPTH SET (MD)	
9 5/8"		32.3#		236'	
7"		20#		3831'	
4 1/2"		11.6#&10.5#		8038'	
HOLE SIZE		CEMENTING RECORD		AMOUNT PULLED	
13 3/4"		225 cu. ft.			
8 3/4"		196 cu. ft.			
6 1/4"		642 cu. ft.			
29. LINER RECORD					
SIZE		TOP (MD)		BOTTOM (MD)	
SACKS CEMENT*		SCREEN (MD)			
30. TUBING RECORD					
SIZE		DEPTH SET (MD)		PACKER SET (MD)	
1 1/2"		7983'			
31. PERFORATION RECORD (Interval, size and number) 7850', 7854', 7860', 7921', 7932', 7953', 7959' and 7988' with one shot per zone					
32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.					
DEPTH INTERVAL (MD)		AMOUNT AND KIND OF MATERIAL USED			
7850-7988'		60,000#sand; 73,190 gal. water			
33. PRODUCTION					
DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump) flowing			
12-8-73					
HOURS TESTED		CHOKE SIZE		PROD'N. FOR TEST PERIOD	
3		3/4"			
OIL—BBL.		GAS—MCF.		WATER—BBL.	
FLOW. TUBING PRESS.		CASING PRESSURE		CALCULATED 24-HOUR RATE	
SI 2115		SI 2701		4109 AOF	
34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)					
TEST WITNESSED BY B. J. Broughton					
35. LIST OF ATTACHMENTS					
36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records					
SIGNED <u>M. H. Jones</u>		TITLE <u>Drilling Clerk</u>		DATE <u>December 17, 1973</u>	

\*(See Instructions and Spaces for Additional Data on Reverse Side)

# INSTRUCTIONS

**General:** This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33, below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto, to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

**Item 4:** If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

**Item 18:** Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments. **Items 22 and 24:** If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

**Item 29: "Sacks Cement":** Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool. **Item 33:** Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS			
FORMATION		TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH	TRUE VERT. DEPTH
					Pictured Cliffs	no	
					Mesa Verde	5324'	
					Point Lookout	5696'	
					Gallup	6757'	
					Greenhorn	7666'	
					Graneros	7699'	
					Dakota	7837'	

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS 1
OPERATOR	
PRORATION OFFICE	1

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator  
El Paso Natural Gas Company  
Address  
PO Box 990, Farmington, NM 87401  
Reason(s) for filing (Check proper box)  
New Well ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐  
Other (Please explain)

If change of ownership give name  
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name San Juan 29-5 Unit	Well No. 63	Pool Name, Including Formation Basin Dakota	Kind of Lease State (Federal or) Fee SF	Lease No. 078281
Location Unit Letter M ; 1180 Feet From The South Line and 1180 Feet From The West Line of Section 17 Township 29N Range 5W , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM 87401				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) PO Box 990, Farmington, NM 87401				
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 17	Twp. 29N	Rge. 5W	Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 10-11-73	Date Compl. Ready to Prod. 12-8-73	Total Depth 8038'	P.B.T.D. 8007'					
Elevations (DF, RKB, RT, GR, etc.) 6553'GL	Name of Producing Formation Dakota	Top OX/Gas Pay 7850'	Tubing Depth 7983'					
Perforations 7850', 7854', 7860', 7921', 7932', 7953', 7959' and 7988'			Depth Casing Shoe 8038'					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
13 3/4"	9 5/8"		236'		225 cu. ft.			
8 3/4"	7"		3831'		196 cu. ft.			
6 1/4"	4 1/2"		8038'		642 cu. ft.			
	1 1/2"		7983'		tubing			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test-MCF/D 4109	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Calc. AOF	Tubing Pressure (shut-in) 2115	Casing Pressure (shut-in) 2701	Choke Size 3/4"

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

A. G. Bices  
(Signature)  
Drilling Clerk  
December 17, 1973  
(Date)

OIL CONSERVATION COMMISSION

APPROVED DEC 26 1973, 19  
BY Original Signed by Emery C. Arnold  
TITLE SUPERVISOR DIST. #3

This form is to be filed in compliance with RULE 1104.  
If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.  
All sections of this form must be filled out completely for allowable on new and recompleted wells.  
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply

NO. OF COPIES RECEIVED		5
DISTRIBUTION		
SANTA FE		/
FILE		/
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	/
	GAS	/
OPERATOR		/
PRORATION OFFICE		

NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

I. Operator  
Northwest Pipeline Corporation  
Address  
501 Airport Drive, Farmington, New Mexico 87401  
Reason(s) for filing (Check proper box)  
New Well ☐ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☒  
Change in Ownership ☒ Casinghead Gas ☐ Condensate ☒  
Other (Please explain)  
If change of ownership give name and address of previous owner El Paso Natural Gas Company, PO Box 990, Farmington, New Mexico 87401

II. DESCRIPTION OF WELL AND LEASE  
Lease Name San Juan 29-5 Unit Well No. 63 Pool Name, Including Formation Basin Dakota Kind of Lease State, Federal or Fee X Lease No. SF078281  
Location  
Unit Letter M ; 1180 Feet From The South Line and 1180 Feet From The West  
Line of Section 17 Township 29N Range 5W , NMPM, Rio Arriba County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  
Name of Authorized Transporter of Oil ☐ or Condensate ☒ Northwest Pipeline Corporation Address (Give address to which approved copy of this form is to be sent) 501 Airport Drive, Farmington, New Mexico 87401  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Northwest Pipeline Corporation Address (Give address to which approved copy of this form is to be sent) 501 Airport Drive, Farmington, New Mexico 87401  
If well produces oil or liquids, give location of tanks. Unit M Sec. 17 Twp. 29N Pge. 5W Is gas actually connected? When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA  
Designate Type of Completion - (X)  
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.  
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
Perforations Depth Casing Shoe  
TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	RECEIVED FEB 21 1974 OIL CON. COM. DIST. 3
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

*Ed M. Arnold*  
(Signature)

OFFICE SUPERVISOR

FEB 19 1974

(Title)

(Date)

OIL CONSERVATION COMMISSION

FEB 21 1974

APPROVED \_\_\_\_\_, 19

BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #3

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.

DISTRICT I  
P.O. Box 1980, Hobbs, NM 88240

DISTRICT II  
P.O. Drawer DD, Artesia, NM 88210

DISTRICT III  
1000 Rio Brazos Rd., Aztec, NM 87410

# OIL CONSERVATION DIVISION

P.O. Box 2088  
Santa Fe, New Mexico 87504-2088

See Instructions  
at Bottom of Page

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>PHILLIPS PETROLEUM COMPANY</b>		Well APN No.
Address <b>300 W ARRINGTON, SUITE 200, FARMINGTON, NM 87401</b>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/> Dry Gas <input type="checkbox"/>	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Change in Operator <input checked="" type="checkbox"/>		
If change of operator give name and address of previous operator <b>Northwest Pipeline Corp., 3535 E. 30th, Farmington, NM 87401</b>		

### II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>SAN JUAN 29-5 UNIT</b>	Well No. <b>63</b>	Pool Name, Including Formation <b>BASIN DAKOTA</b>	Kind of Lease State, Federal or Mex	Lease No.
Location Unit Letter <b>M</b> : <b>1180</b> Feet From The <b>South</b> Line and <b>1180</b> Feet From The <b>West</b> Line Section <b>17</b> Township <b>29N</b> Range <b>5W</b> , <b>NMPM</b> , <b>Rio Arriba</b> County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <b>Gary Energy</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 159, Bloomfield, NM 87413</b>	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <b>Northwest Pipeline Corp.</b>	Address (Give address to which approved copy of this form is to be sent) <b>P.O. Box 58900, SLC, Utah 84158-0900</b>	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
Is gas actually connected?		When? Attn: Claire Potter

If this production is commingled with that from any other lease or pool, give commingling order number:

### IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Rat'v	Diff Rat'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

### V. TEST DATA AND REQUEST FOR ALLOWABLE

**OIL WELL** (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

### GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

### VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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.

*L. E. Robinson*  
Signature  
**L. E. Robinson** Sr. Drlg. & Prod. Engr.  
Printed Name Title  
Date **APR 01 1991** (505) 599-3412 Telephone No.

### OIL CONSERVATION DIVISION

Date Approved **APR 01 1991**

By *[Signature]*  
Title **SUPERVISOR DISTRICT #3**

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- 4) Separate forms C-104 must be filed for each pool in multiply completed wells.