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New Mexico Oil Conservation Division C-104 Instructions IF THIS IS AN AMENDED REPORT. CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT 22. Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel. 23. The + 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 wells. 24. 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. 25. A separate C-104 must be filed for each pool in a multiple completion. 26. 27. Improperty filled out or incomplete forms may be returned to operators unapproved. 28. Plugback vertical depth 1. 29 Operator's name and address Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2. 30. Inside diameter of the well bore 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 CG Change gas transporter RT Request for test allowable (Include volume requested) If for any other reason write that reason in this box. 3. 31. 32 33 34. 4. The API number of this well 35. 5. The name of the pool for this completion 36. 6. The pool code for this pool 37. Length in hours of the test 38. 7. The property code for this completion 8. The property name (well name) for this completion 39. The well number for this completion 9. 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 ne.' box. Otherwise use the OCD unit letter. 40. 10. 41. 42. 11. The bottom hole location of this completion 43. Lesse code from the following table: F Federal S State P Fee J Jicarilla N Navajo U Ute Mountain Ute I Other Indian Tribe 12. 44. The method used to test the well: F Flowing P Pumping S Swabbing If other method please write it in. 45.

- 13. The producing method code from the following table: Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14. gas transporter
- The permit number from the District approved C-129 for this completion 15. 16.
- MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this completion 17.
- 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: Oil Gas

- The ULSTR location of this POD if it is different from the well replation location and a short description of the POD (Exall - "Battery A", "Jones CPD", etc.)
- The Parameter of the storage from which water is moved from a property. If this is a new well or recompletion and this has no number the district office will assign a number and write it here.
- The ULSTR location of this POD if it is different from the well completion location and a short description of the POD (Exemple: "Battery A Water Tank", "Jones CPD Water Tank", etc.)
- MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce
- Total vertical depth of the well
- Top and bottom perforation in this completion or casing shoe and TD if openhole
- Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom.
- 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.

- MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline
- MO/DA/YR that the following test was completed
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells
- Flowing casing pressure oil wells Shut-in casing pressure gas wells
- Diameter of the choke used in the test
- Barrals of oil produced during the test
- Barrels of water produced during the test
- MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D

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- 46. 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 questione 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 47.

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