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					NSER PO	RVATION DIVISION D Box 2088			Instructions on Submit to Appropriate District C			
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			2107						CC	Remon for 1		
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6314			Property Name								' Well Number	
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New Mexico Oll Concervation Division C-104 Instructions

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•	-AMENDED	AN AMENDED REPORT. CHECK THE BOX LABLED 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 o	ne volumes at 15.025 PSIA at 60°. No volumes to the nearest whole barrel.	23.	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
	accompanii	for allowable for a newly drilled or deepened well must be ad by a tabulation of the deviation tests conducted in		number and write it here.
		with Rule 111. e of this form must be filled out for allowable requests on scompleted wells.	24.	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 Tank", etc.)
	Fill out onl	y sections I, II, III, IV, and the operator certifications for	25.	MO/DA/YR drilling commenced
	changes of	t operator, property name, wen number; a stop of the	20.	MO/DA/YR this completion was ready to produce
	A separat	a C-104 must be filed for each pool in a multiple	27.	Total vertical depth of the well
	completion		28.	Plugback vertical depth
	Improperly operators	filled out or incomplete forms may be returned to unapproved.	29.	Top and bottom perforation in this completion or casing
		Operator's name and address		shoe and TD if openhole
	19.00	Original and the second	30.	Inside diameter of the well bore
	1	be assigned and filled in by the District office.	31.	Outside diameter of the casing and tubing
		Reason for filing code from the following table: 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 oll/condensate transporter AG Add gas transporter	The fol	lowing test data is for an oil well it must be from a test ted only after the total volume of load oil is recovered.
•• • •		CG Change gas transporter RT Request for test allowable (Include volume	34.	MO/DA/YR that new oil was first produced
		if for any other reason write that reason in this box.	35.	MO/DA/YR that gas was first produced into a pipeline
	4.	The API number of this well	36.	MO/DA/YR that the following test was completed
	5.	The name of the pool for this completion	37.	Length in hours of the test
	6.	The pool code for this pool	38.	Flowing tubing pressure - oil wells
	7.	The property code for this completion		Shut-in tubing pressure - gas wells
	8.	The property name (well name) for this completion	39.	 Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
	9.	The well number for this completion	40.	Diameter of the choke used in the test
10.	10.	The surface location of this completion NOTE: If the United States government survey designates a Lot Number	41.	Serrele of oll produced during the test
		for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit latter.	42.	Barrels of water produced during the test
	11.	The bottom hole location of this completion	43.	MCF of gas produced during the test
	12.	Lease code from the following table:	44.	Gas well calculated absolute open flow in MCF/D
	12.	F Federal S State	45.	The method used to test the well: F Flowing
		P Fee J Jicarilla		P Pumping S Swabbing
		N Navsjo U Ute Mountain Ute		If other method please write it in.
		i Other Indian Tribe The producing method code from the following table:	46.	The signature, printed name, and title of the person authorized to make this report, the date this report was
	13.	F Flowing P Pumping or other artificial lift		signed, and the telephone number to call for quantums 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 authorized to verify that the previous operator no longer
	15.	The permit number from the District approved C-129 for this completion		operates this completion, and the date this report was signed by that person
	16.	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		
	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 Gae		