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PO Box 2008, Sa. I.	ata Fe, N	M 87594-2008 REQUES	<u>r</u> for			BLE AND A				·		MENDED REI	
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	C-104	Instructio
اللة م	THIS IS AN AMENDED REPORT. CHECK THE BOX LABLED MENDED REPORT® AT THE TOP OF THIS DOCUMENT	22
Hep	port all gas volumes at 15.025 PSIA at 60°. port all oil volumes to the nearest whole barrel.	23
	aquest for allowable for a newly drilled or deepened well must be companied by a tabulation of the deviation tests conducted in ordence with Rule 111.	
All : Nevi	sections of this form must be filled out for allowable requests on and recompleted wells.	24
	out only sections I, II, III, IV, and the operator certifications for nges of operator, property name, well number, transporter, or or such changes.	25
Α.	eparate C-104 must be filed for each pool in a multiple	26
	•	27.
•	roperly filled out or incomplete forms may be returned to atoms unapproved.	28.
1.	Operator's name and address	29.
2.	Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.	30.
3.	Reason for filing code from the following table:	31.
	RC Recompletion CH Change of Operator	32.
	AO Add oil/condensate transporter CO Change oil/condensate transporter	33.
	CG Change ges transporter CG Change ges transporter RT Request for test allowable (Include volume	The
	If for any other reason write that reason in this box.	34.
4.	The API number of this well	36.
5.	The name of the pool for this completion	36,
6.	The pool code for this pool	37.
7.	The property code for this completion	38,
8.	The property name (well name) for this completion	
9.	The well number for this completion	39.
10.		40.
	The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that survey designates a Lot Number	41.
	for this location use that number in the 'UL or lot ne.' box. Otherwise use the OCD unit letter.	42.
11.	The bottom hole location of this completion	43.
12.	Lease code from the following table:	44.
	S State	45.
	J Jicarilla	40.
	N Nevejo U Ute Mountain Ute	
	I Other Indian Tribe	
13.	The producing method code from the following table:	46.
	P Pumping or other artificial lift	

- 14. MO/DA/YR that this completion was first connected to a 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
- Name and address of the transporter of the product 19.
- 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: G Oil Gae

- The ULSTR location of this POD if it is different from the well molation location and a short description of the POD (Exar - Battery A", "Jones CPD", etc.) 2.
- 3. The P The Finnumber of the storage from which water is moved from corporty. 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 (Example: "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
- Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole
- Inside diameter of the well bore
- 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

following test data is for an oil well it must be from a test ducted 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
- Length in hours of the test
- 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
- Barrels of oil produced ouring 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
  - The method used to test the well: F Flowing P Pumping S Swebbing If other method please write it in.

1

- The signature, printed name, and title of the person suthorized to make this report, the date this report was signed, and the telephone number to call for questions about this report
- The previous operator's name, the signature, printed name, and title of the previous operator's representative authorized to venfy that the previous operator no longer operates this completion, and the date this report was signed by that person 47.

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