Diuna : PO Box 1960, Hobbs, NM 87241-1960 Diuria II

State of New Mexico
Exercy, Minerals & Natural Resources Department

Form C-104

20 Drawer DD, Artesia, NM 2211-0719 District III

Revised February 10, 1994 Instructions on back

OIL CONSERVATION DIVISION

			OR DEFT
Submit to	Appropriate	Distric	t Office
			Copies

1000 Rio Brus District IV	os Rd., Ar	t∞, NM 87410		Sar	Po ta Fe	O Box 208 , NM 8750	8	18		ши w ,	, ppropri	ate District C	
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New Mexico Oil Conservation Division C-104 Instructions

IF THIS IS	S AN AMENDED REPORT. CHECK THE BOX LABLED DREPORT AT THE TOP OF THIS DOCUMENT
Report all	gas volumes at 15,025 PSIA at 60°. oil volumes to the nearest whole barrel.
A request	for allowable for a newly drilled or deepened well must be led by a tabulation of the deviation tests conducted in a with Rule 111.
All section new and r	e of this form must be filled out for allowable requests on ecompleted wells.
changes o	ly sections I, II, III, IV, and the operator certifications for operator, property name, well number, transporter, or changes.
completion	te C-104 must be filed for each pool in a multiple
Improperly	filled out or incomplete forms may be returned to unapproved.
•	Operator's name and address
2.	Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.
	Reason for filing code from the following table:
•	RC Recompletion. CH Change of Operator Ad oil/condensate transporter CO Change oil/condensate transporter
	AG Add gas transporter CG Change gas transporter RT Request for test allowable (Include volume requested)
	If for any other reason write that reason in this box.
4.	The API number of this well
5.	The name of the pool for this completion
8.	The pool code for this pool
7.	The property code for this completion
8.	The property name (well name) for this completion
9.	The well number for this completion
10.	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 no.' box. Otherwise use the OCD unit letter.
11.	The bottom hole location of this completion
12.	Lease code from the following table:
	F Federal S State
	P Fee J Jicarilla
-	N Navajo U Ute Mountain Ute
_	1 Other Indian Tribe
13.	The producing method code from the following table: F Flowing P Pumping or other artificial lift
14.	MO/DA/YR that this completion was first connected to a gas transporter
15.	The permit number from the District approved C-129 for this completion
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

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.

Product code from the following table:
O Oil
Q Gae

20.

21.

- 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.)
 The POD number of the storage from which water is moved.
- 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 number and write it here.
- 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.)
- 25. MO/DAYR drilling commenced
- 26. MO/DAMR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- -32. Depth of casing and tubing. If a casing liner show top and bottom.
- 33. Number of sacks of cement used per casing suing

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.

- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gas was first produced into a pipeline
- 36. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- 38. Flowing tubing pressure oil wells Shut-in tubing pressure - gas wells
- 39. Flowing casing pressure oil wells Shut-in casing pressure gas wells
- 40. Diameter of the choke used in the test
- 41. . Barrels of oil produced during the test
- 42. Barrels of water produced during the test
- 43. MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well:
 F Flowing
 P Pumping
 S Swabbing
 If other method please write it in.

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 questions about this report
- 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 operates this completion, and the data this report was signed by that person