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ia II						Instructions on back Submit to Appropriate District Office				
Drawer DD, Artesia, NM	88211-0719	OIL CONSERVATION DIVISION PO Box 2088					5 Copins			
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And and a second se	Hole Loca			Feet from the	North/Se	nth fine	Fact from the	East/West In	e County	
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Lee Code 13 Produc	ing Method Code	Gas Cor	anection Date	<sup>14</sup> C-129	Permis Number		C-129 Effective	Date If	C-129 Expiration Duin	
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I. Oil and Gas					18 Y	11 O/G		" POD ULSTR	Location	
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		New Mexico Oil Co C-104 In	etructions	Division		
IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED AMENDED REPORT AT THE TOP OF THIS DOCUMENT				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 gas volumes at 15,025 PSIA at 63*. Report all oil volumes to the nearest whole barral,			23.	The POD number of the storage from which is a storage		
A request for allowable for a newly drilled or deapened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111.				from this property. If this is a new well or recompletion ar this POD has no number the district office will assign number and write it here.		
All se new a	All sections of this form must be filled out for allowable requests on new and recompleted wells. Fill out only sections I, II, III, IV, and the opsrator certifications for changes of operator, property name, well number, transporter, or other such changes.			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		
chang						
				MO/DA/YR this completion was ready to produce		
compl	A soparate C-104 must be filed for each pool in a multiple completion. Improperly filled out or incomplete forms may be returned to operators unapproved.			Total vertical depth of the well		
Impro				Plugback vertical depth		
operat		roved. or's name and address	29.	Top and bottom perforation in this completion or casing shoe and TD if openhole		
2.	Operat	or's OGRID number. If you do not have one it will	30.	inside diameter of the well bore		
3.		gned and filled in by the District office.	31.	Outside diameter of the casing and tubing		
З.	NW RC CH	n for filing code from the following table: New Well Recompletion Change of Operator	32.	Depth of casing and tubing. If a casing liner show top and bottom.		
	ÃO CO AG CG RT	Add oil/condensate transporter	33.	Number of sacks of cament used per casing string		
		Change oil/condensate transporter Add gas transporter Change gas transporter Request for test allowable (Include volume	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.			
		requested) ny other reason write that reason in this box.	34.	MO/DA/YR that new oil was first produced		
4.		Pl number of this well	35.	MO/DA/YR that gas was first produced into a pipeline		
5.		The name of the pool for this completion The pool code for this pool The property code for this completion The property name (well name) for this completion The well number for this completion		MO/DA/YR that the following test was completed		
6.				Length in hours of the test		
<b>7</b> .				Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells		
8.	The pr			Flowing casing pressure - oil wells Shut-in casing pressure - gas wells Diameter of the choke used in the test		
9.	The wo					
United States g for this location		Inface location of this completion NOTE: If the States government survey designates a Lot Number	40. 41.			
		location use that number in tha 'UL or lot no.' box. vise use the OCD unit latter.	42.	Barrele of oil produced during the test		
11.		The bottom hole location of this completion		Barrele of water produced during the test		
12.		Lease code from the following table:		MCF of gas produced during the test		
• •	F	Federal	44. 45.	Gas well calculated absolute open flow in MCF/D		
	9	P Fee		The method used to test the well: <u>F</u> FIOwing		
	Ň	Jicarilla Navajo		P Pumping S Swabbing		
	U I	Ute Mountain Ute Other Indian Tribe		If other method please write it in.		
			AR	The signature printed name and this of the same		

- The producing method code from the following table: F Flowing P Pumping or other artificial lift 13.
- 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 17. 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. 20.
- Product code from the following table: O Oil G Gas 21.

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 questionu about this report 46.

The previous operator's name, the signature, printed name, and title of the previous operator's representative suthorized 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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http://www.