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	C-104 Ins	tructions	
IF TH "Ame	IS IS AN AMENDED REPORT, CHARA THE BOX LABLED NDED REPORT AT THE TOP OF THIS DOCUMENT	22.	
Repor Repor	t all gas volumes at 15.025 PSIA at 60°. t all oil volumes to the nearest whole barrel.	23.	(
10000	uset for allowable for a newly drilled or despaned well must be neared by a tabulation of the deviation tests conducted in denoe with Rule 111.		1
	ctions of this form must be filled out for allowable requests on and recompleted wells,	24.	
chang	t only sections i, ii, iii, IV, and the operator certifications for se of operator, property name, well number, transporter, or such changes.	25.	
	perate C-104 must be filed for each pool in a multiple etion.	26. 27.	:
impro	improperly filled out or incomplete forms may be returned to operators unapproved.		۱
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.	1
3.	Resson for filing code from the following table: NW New Well RC Recompletion	31. 32.	
	CH Change of Operator AO Add oli/condensate transporter CO Change oil/condensate transporter AG Add ges transporter CG Change ges transporter RT Request for test allowable (Include volume	33. The foi conduc	
	requested) If for any other reason write that reason in this box,	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,	
7.	The property code for this completion	38.	
8.	The property name (well name) for this completion	39.	
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.	40. 41.	
	Otherwise use the OCD unit letter.	42.	
11.	The bottom hole location of this completion	43.	
12.	Lesse code from the following table:	44.	

- Federai State Fee Jicarille BP J N U I Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: F Flowing P Pumping or other artificial lift 13. Flowing 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 the completion 15.
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/VR of the expiration of C-129 approval for this 17. completion
- 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.
- Product code from the following table: O Oil G Gas 21.

- The ULL location of this POD if it is different from the well completion location and a short description of the POD (Example: "Bettery A", "Jones CPD",etc.)
- 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.
- The ULSTR location of the POD H 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
- Pluoback 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
- Number of eacks of cement used per casing string

wing test date is for an oil well it must be from a test of only after the total volume of load oil is repovered.

- MO/DA/YR that new oil was first produced
- MO/DA/VR 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 proceure oil welle Shut-in tubing proceure gas welle
- Flowing casing pressure oil wells Shut-in casing pressure gas wells
- Diameter of the choke used in the test
- Barrels 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 44.
- 45. The method used to test the well:
 - Flowing Pumping Swebbing P
 - c

47.

- If other method please write it in.
- 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 46.
 - 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

Vistrict I O Box 1960, El Vistrict II	1999. NM 53	241-1980		E	State	of New 4 Natural	Mex Recourse	LICO m Departme	a l	-	Revised F	Form C-104 ebruary 10, 1994 structions on back	
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Tide: R	Barbara J. Bale				-			Approval Date:					
Det: 12	/26/01			Phone: ((405) 8						LAN 2	9 ZUUZ	
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