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AMEN	DED REP	AMENDED REPORT, CHECK THE BOX LABLED ORT" AT THE TOP OF THIS DOCUMENT	22.	The ULSTR location of this POD II it is different from the well completion location and a short description of the POC (Example: "Battery A", "Jones CPD",ste.)		
Report	all oil voi	lumes at 15.025 PSIA at 60°. umes to the nearest whole barrel.	23.	The POD number of the storage from which water is move		
A request for ellowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tests conducted in accordance with Rule 111. All sections of this form must be filled out for allowable requests on new and recompleted wells. Fill out only sections I, II, RI, IV, and the operator certifications for changes of operator, property name, well number, transporter, or			24.	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 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.)		
			other such changes.		26.	MO/DA/YR this completion was ready to produce Total vertical depth of the well Plugback vertical depth
A separate C-104 must be filed for each pool in a multiple completion. Improparly filled out or incomplete forms may be returned to operators unapproved.			27.			
			28.			
1.		or's name and address	29.	Top and bottom perforation in this completion or casin		
2.	Operat	or's OGRID number. If you do not have one is will	30.	shoe and TD if openhole Inside diameter of the well bore		
	D0 866	igned and filled in by the District office.	31.	Outside diameter of the casing and tubing		
3.	NW RC	n for filing code from the following table: New Well Recomplicien	32.	Depth of casing and tubing. If a casing liner show top an		
	CH AO	Recompletion Change of Operator Add oil/condensate transporter		bottom.		
	CŎ	Change oil/condensate transporter Add gas transporter	33.	Number of sacks of cement used per casing string		
	ĈĞ	Change gas transporter Request for test allowable (Include volume	The fol conduc	llowing test data is for an oil well it must be from a ter ted only after the total volume of load oil is recovered.		
		requested) my other reason write that reason in this box.	34.	MO/DA/YR that new oil was first produced		
4.		Pi number of this well	35.	MO/DA/YR that gas was first produced into a pipeline		
5.	The ne	ime of the pool for this completion	36.	MO/DA/YR that the following test was completed		
6.	The po	of code for this pool	37.	Length in hours of the test		
7.	The pr	operty code for this completion	38,	Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells		
8.	The pr	operty name (well name) for this completion	39.	Flowing casing pressure - oil wells		
9.		ell number for this completion	40.	Shut-in casing pressure - gas wells		
10.	The surface location of this completion NOTE: if the United States government survey designates a Lot Number		41.	Diameter of the choke used in the test Barrels of oil produced during the test		
	for the	s location use that number in the 'UL or lot no.' box. wise use the OCD unit letter.	42.	Barrels of water produced during the test		
11.	The b	ottom hole location of this completion	43. MCF of gas produced during the test			
12.	Lease	ode from the following table:				
	í.	Federal State Fee	45.	The method used to test the well:		
	Ĵ	Jicarilla Navaio		F Flowing P Pumping		
	Ŭ	Ute Mountain Ute Other Indian Tribe		S Swabbing If other method please write it in.		
13.	The pi F P	oducing method code from the following table: Flowing Pumping or other artificial lift	46.	The signature, printed name, and title of the perso authorized to make this report, the date this report wa signed, and the telephone number to call for question about this report		
14.	MO/D. gas tra	A/YR that this completion was first connected to a	47.	The previous operator's name, the signature, printed name and title of the previous operator's representative operator's r		
15.	The po this co	ermit number from the District approved C-129 for empletion		authorized to verify that the previous operator no long operates this completion, and the date this report will signed by that person		
16.		A/YR of the C-129 approval for this completion				
17.	compi	a the second	• • •	وسویت میده کا منطقیت امان این استان ۱۹۰۱ بوده وی این محمد موجود		
18.		as or oil transporter's OGRID number				
19.		and address of the transporter of the product		· · · · · · · · ·		
20.	OF FEC	umber assigned to the POD from which this product transported by this transporter. If this is a new well ompletion and this POD has no number the district will assign a number and write it here.				
21.	Produ	ct code from the following table:	• • •			
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