District I PO Box 1980, Hobbs, NM 88241-1980 District II

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 Revised February 10, 1994 Instructions on back fice

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District III 1000 Río Brazos Rd., A	∆zec, NM 87410			P	ERVATION O Box 208 e, NM 8750	8		Sub	omit to Appro	priate District C 5 C	
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Printed Name

Date

Title

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15,025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

A request for allowable 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, III, IV, and the operator certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-104 must be filed for each pool in a multiple completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

- 1. Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- 3.

Reason for filing code from the following table:

NW New Well

RC Recompletion

CH Change of Operator

AO Add oil/condensate transporter

CO Change oil/condensate transporter

AG Add gas transporter

CG Change gas transporter

RF Request for test allowable (Include volume raquestad) equested

If for any other reason write that reason in this box,

- The API number of this well 4.
- The name of the pool for this completion 5.
- The post code for this pool 6.
- 7. arty code : this completion
- 8. irty name to me) for this completion
- Th. sumber for 9.
- pletion NOTE: If the cargnates a Lot Number in the 'UL or lot no,' box. ce locati stes gove cation Th. 10. Ur o use to unit letter. Oti
- 11. The bottom hole is sation of this completion
- Lease code from the following table: F Federal 12.

  - Federal State Fee
  - Jicarilla
  - Navajo Ute Mountain Ute Other Indian Tribe
- The producing method code from the following table: Flowing 13.

Pumping or other artificial lift

- MO/DA/YR that this completion was first connected to a 14. gas transporter
- 15.
- The permit number from the District approved C-129 for this completion
- MO/DA/YR of the C-129 approviation this completion 16.
- MO/DA/YR + C-129 approval for this 17.
- completion 18. The gas or on ansporter a OGRID number
- 19. Name and address of the transporter of the product
- The number assigned to the DD from which this product will be transported by this transported by this transporter. If this is a new well or recompletion and this D as no number the district office will assign a num! 20.
- 21. Product code from the .. i table: Gas

- 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 is ne storage from which water is moved from this propers of this is a new well or recompletion and this POD has no number the district office will seeign a number and write it here. 23.
- 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 24. well comple (Example: " Tank",etc.)
- 25. MO/DA/YR drilling commenced
- 26. .. MO/DA/YR this completion was ready to produce
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- 30. Inside diameter of the well bore
- 31. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and 32.
- 33. Number of sack of sment used per casing string

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
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 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
- The method used to test the well: 45.

.....1

- Flowing Pumping Swabbin
- 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 47

