		l 90241-1999	ł	Stat Earry, Miner	ue oi in Nata	ew Mexi	iCO • Department		1	Revised	Form October 11	
811 South First, Artesia, NM 88210 District III 1999 Rio Brasse Rd., Astoc. NM 87410 District IV			•	OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505					Instructions Submit to Appropriate Distric S			
2949 South Pa [.	checo, Santi	REQUE	ss ST FOR					TON			ended Re	
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12	2 W. TA	YLOR		CORPORATION					019174			
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30 - 0 25	-03849	r —		SWD, ABO		Poel Name			- <u></u>		Pool Code	
' Property Code			<u> </u>	* Property Name					096091			
009602 I. ¹⁰ Surface Location				ABO SWD (* Well Numb 002g			
Ul or lot no.	Section	Township		Let.ida	Feet from	the N	forth/South Lin	e Fost from the			<u> </u>	
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¹² Late Code	11.0						iorth/South in	Fost from the	East/We	at line	County	
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49972	Su	ndance O. Box	Service	es, Inc.	28	309369		<u> </u>	and De			
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IF THIS IS AN AMENDED REPORT, CHI. THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIL JUGUMENT

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.

improperty 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.

12.

- Reason for filing code from the following table: NW New Well RC Recompletion CH Change of Operator (Include the effective date.) AO Add oil/condensate transportur CO Change oil/condensate transportur CG Change 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
- 6. 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
- 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. 10.
- 11. The bottom hale location of this completion
 - Lease code from the following table: Federal State Ş Fee Jicarilla
 - Navajo Ute Mountain Ute Other Indian Tribe ŇU

13. The producing method code from the following table: F Flowing Pumping or other artificial lift

- 14. MO/DA/YR that this completion was first connected to a ges transports
- The permit number from the District approved C-129 for this completion 16.
- MO/DA/YR of the C-129 approval for this completion 16.
- MO/DA/YR of the expiration of C-129 approval for this 17. completi
- The gas or oil transporter's OGRID number 18.
- 19. Name and address of the transporter of the product
- 20. 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 OII G Gas 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.) 22.
- The POD number of the storage from which water is moved from this property. If this is a new wall or recompletion and the POD factory continuer the district office will assign a number and write it from, 23.
- The ULSTR location of this POD if it is different from th well completion location and a short description of the POI (Example: "Bettery A Weter Tank", "Jones CPD Wete Tank", etc.) 24. ÕÕ
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 26.
- 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.
- Write in 'DHC' if this completion is downhale commingled with another completion, 'DC' if this completion is one of two non-commingled completions in this well bore, or 'MC' if there are more than three non-commingled completions in this well bore. 30.

- 31. inside dia ar of the well bore
- Outside diameter of the casing and tubing 32.
- 33. Depth of casing and tubing. If a casing liner show tap a bottom.
- Number of sacks of cement used per casing string 34.

If 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.

- MO/DA/YR that new oil was first produced 35.
- MO/DA/YR that gas was first produced into a pipeline 36.
- 37. MO/DA/YR that the following test was completed
- 38. Length in hours of the test
- Rowing tubing pressure oil wells Shut-in tubing pressure gas wells 39.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 40.
- 41. Diameter of the choke used in the test
- 42. Barrels of oil produced during the test
- 43. Barrels of water produced during the test
- 44. MCF of gas produced during the test
- 45. Gas well calculated absolute open flow in MCF/D
- The method used to test the well: F Rowing P Pumping S Swabbing 46.

. . .

a Swabbing If other method please write it in.

- 47. 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
- 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 48.

