District : PO Box 1960, Ilobbe, M										
District II	New Mexico				13	Form C-1				
O Drawer DD, Artel				Revised February 10, 19 Instructions on b						
Verrice III 000 Rio Brezos Rd., A	ATION DIVISION ox 2088			Submit to Appropriate District Off 5 Cop						
istrict IV			Sant	a Fe, N	IM 8750	4-2088			1777 · · ·	
0,Box 2062, Sante Fe,	REQUES	T FOR	ALLOW.	ARTE			~ . ~	ION TO TI		iended kerø
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Roswell		* Remove for Filling Code To change POD #'s to the same as the #1,2				uz Code				
API Num		as they are in the same tank battery								
30-0 25-3209			т				* Pool Code			
Property Code			Tonto Seven Rivers					·	59470	
<u>15158</u>		Federal USA "L"								
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		×.	C-104 Instru	uctions		
IF THIS I	S AN AMENDED REP D REPORT AT THE TO	RT. CHECK TH P OF THIS DOC	E BOX LABLED	22.	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", atc.]	
Report #	gas volumes at 15.025 oil volumes to the near	at whom bellow		23.	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	
A request accompar accordant	for allowable for a new hed by a tabulation of ce with Rule 111.	y drilled or deepe the deviation to	ined well must be ists conducted in	24.	number and write it here.	
All section	ne of this form must be recompleted wells.			24.	Well completion location and a short description of the POD [Example: "Battery A Water Tank", "Jones CPD Water Tank", etc.)	
Fill out only sections I. II, III, IV. a changes of operator, property ne		and the operato me, well numb	r certifications for er, transporter, or	26.	MO/DA/YR drilling commenced	
other suc	an changes.			26.	MO/DA/YR this completion was ready to produce	
A separa completio		ed for each pool in a multiple		27.	Total vertical depth of the well	
Improper	ly filled out or incom	elete forms ma	y be returned to	28.	Plugback vertical depth	
operatore 1.	Operator's name and a			29.	Top and bottom perforation in this completion or casing shoe and TD if openhole	
2.	Operator's OGRID num be assigned and filled i		ot have one it will	30.	Inside diameter of the well bore	
				31.	Outside diameter of the casing and tubing	
з.	Reason for filling code NW New Well RC Recompletion			32.	Depth of casing and tubing. If a casing liner show top and bottom.	
	RC Recompletion CH Change of O AO Add oil/cond	neste transporte)t	33.	Number of sacks of cement used per casing string	
		kadenseté transo	(Include volume	The foll conduct	owing test data is for an oil well it must be from a test ed only after the total volume of load oil is racovered.	
				34.	MO/DA/YR that new oil was first produced	
	If for any other reason		n in this box.	35.	MO/DA/YR that gas was first produced into a pipeline	
4.	The API number of thi			36.	MO/DA/YR that the following test was completed	
Б.	The name of the pool		on	37.	Length in hours of the test	
6.	The pool code for this The property code for			38.	Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells	
7. 8.	The property name (w			39.	Flowing casing pressure - oil wells	
9.	The well number for t		a an	40.	Shut-in casing pressure - gas wells Diameter of the choke used in the test	
10.	United States govern for this location use t Otherwise use the O	at number in the D unit letter.	ion NOTE: If the mates a Lot Number O'UL or lot no.' box.			
					7 · · · · · · · · · · · · · · · · · · ·	
			AND	42.	Barrels of water produced during the test	
11.	The bottom hole loca		letion	43.	MCF of gas produced during the test Gas well calculated absolute open flow in MCF/D	
12.	Lease code from the F Federal	ollowing table:	a second a second a second a second	44.	The method used to test the well:	
	S State P Fee J Jicarilla N Navajo			45.	F Flowing P Pumping S Swabbing	
•	U Ute Mounte 1 Other India	in Ute Trib●	-	e genter 🔒	If other method please write it in.	
13.	The producing methor F Flowing P Pumping or	d code from the other artificial lif	•	46.	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	
14.	MO/DA/YR that this gas transporter			47.	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	
15.	The permit number 1 this completion	rom the District	approved C-129 for		operates this completion, and the date this report was signed by that person	
16.	MO/DA/YR of the C	129 approval for	this completion			
17.	MO/DA/YR' of the e completion					
18.	The gas or oll transp	orter's OGRID nu	Imper			
19.	Name and address d					
20.	The number assigne	to the POD from this transporter this POD has no	m which this product . If this is a new well a number the district			
	-	· .				

Product code from the following table: O Oil G Gae 21.

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