		( <b>863</b> 41- <b>1988</b>					XICO			Revi	Form sed October 1	
811 South First, Artania, NM 88210 District III			OIL CONSERVATION DIVISION					N	Instructione			
1000 Rio Branes Rd., Amer. NM 87410 District IV			2040 South Pacheco Santa Fe, NM 87505						Submit to Appropriate Distric			
	ichecs, Sant	a Fe, NM 879	K									
•		REQUES	T FOR	ALLOWA	BLE A	ND AL	JTHORIZ	ZATI	ION TO T	RANSPO	RT	
RICE		ERING CON								<sup>1</sup> OCILID N		
122 W	I. TAYL(	DR							019174 ' Reason for Filing Code			
HOBBS, NM 88240									CO	7-1-96	ling Code	
<b>30 - 0</b> 25–04150			' Pool Name SWD, SAN ANDRES					'Puel Cade				
Property Cede 009605			E-M-E SWD					096121				
									* Well Number 0011			
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. Oil ai	nd Gas	Transport	Lers									
Transport OGRID	Transporter "1 OGRID			Transporter Name and Address			* POD * O/G			" POD ULSTR Location		
49972 P.O. Box 1			Services, Inc.			2809376			and Description			
		u. Box I nice, NM				20093	/0					
30908	Pa	Pate Trucking Company				2809376						
P.O. Box 10 Hobbs, NM												
12426	Mad	claskey	0ilfiel	d Serv.	Ind	20000						
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		obs. NM	88241									
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## THE BOX LABLED IF THIS IS AN AMENDED REPORT, CH. "AMENDED REPORT" AT THE TOP OF THIL

Report all gas volumes at 15.025 PSIA at 60°. Report all all 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, IV, 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

3.

4.

- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
  - Reason for filing code from the following table:

     NW
     New Wall

     RC
     Recompletion

     CH
     Change of Operator (include the effect

     AO
     Add oil/condensate transporter

     CO
     Change oil/condensate transporter

     AG
     Add gas transporter

     CG
     Change gas transporter

     RT
     Request for test allowable (include the other state)

    or filing code from the following table: New Well Recompletion Change of Operator (include the effective date.) Add oil/condensate transporter Change oil/condensate transporter Add gas transporter Change gas transporter Request for test allowable (include volume requested) requested) If for any other reason write that reason in this box.
  - 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 hole location of this completion
- Lease code from the following table: F Federal S State P Fee J Jicarilla N Navajo U Ute Mountain Ute I Other Indian Tribe 12.
- The producing method code from the following table: F Flowing P Pumping or other artificial lift 13.
- MO/DA/YR that this completion was first connected to a ges transporter 14.
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- 17. MO/DA/YR of the expiration of C-129 approval for this
- The gas or oil transporter's OGRID number 18.
- 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.
- 21. Product code from the following table: O Oli G 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.) 22.
- The POD number of the storage from which water is moved from this property. If the property world or recompletion and the POD has no the set district office will assign 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 Tank", etc.) 24.
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- 29. Top and bottom perforation in this completion or casing shoe and TD if openhole
- Write in 'DHC' If this completion is downhole 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 d tar of the well bors
- 32. Outside diameter of the casing and tubing
- Depth of casing and tubing. If a casing liner show top and bottom, 33.
- 34. Number of sacks of cement used per casing string

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.

- 35. MO/DA/YR that new oil was first produced
- 36. MO/DA/YR that gas was first produced into a pipeline
- 37. MO/DA/YR that the following test was completed
- 38 Length in hours of the test
- 39. Rowing tubing pressure - oil wells Shut-in tubing pressure - gas wells
- 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
- 46. Gas well calculated absolute open flow in MCF/D
- 48. The method used to test the well:
  - Rowing Pumping Swabbin S 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 dete this report was signed by that person 48.

