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

20 Drawer DD, Artesia, NM 88211-0719

District III

Form C-104

OIL CONSERVATION DIVISION

State of New Mexico

	1.01.01 (C-10.4)
	Revised February 10, 1994
Submit to	Instructions on back
	Appropriate District Office
	5 Copies

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## New Mexico Oil Conservation Division C-104 Instructions

AMEND	IS AN AMENDED REPORT, CHECK THE BOX LARLED ED REPORT AT THE TOP OF THIS DOCUMENT	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", etc.)				
A request	t for sllowable for a newly drillad or doananad wall must be	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				
*ccompa:	nied by a tebulation of the deviation tests conducted in		number and write it here.				
All sections with a section of the s	ne of this form must be filled out for allowable requests on recompleted wells.	24.	The UESTR location of this POD If it is different from the wall completion location and a short description of the POD (Example: "Battery A Water Tank", "Jones CPD Water				
Fill out of	of operator, property name, well number, transporter, or	25	Tank",etc.)				
other suc	changes.	25.	MO/DA/YR drilling commenced				
A separa	ate C-104 must be filed for each pool in a multiple	26.	MO/DA/YR this completion was ready to produce				
•	ly filled out or incomplete forms may be returned to	27.	Total vertical depth of the well				
operators	s unapproved.	28.	Plugback vertical depth				
1.	Operator's name and address	29.	Top and bottom perforation in this completion or casing shoe and TD if openhole				
2.	Operator's OGRID number. If you do not have one it will	30.	Inside diameter of the well bore				
	be assigned and filled in by the District office.	3 i,	Outside diameter of the casing and tubing				
3.	Reason for filing code from the following table:  NW New Well  RC Recompletion  CH Change of Operator	32.	Depth of casing and tubing. If a casing liner show top and bottom.				
	AO Add oil/condensate transporter CO Change oil/condensate transporter	33.	Number of sacks of cement used per casing string				
	AG Add gas transporter CG Change gas transporter	The follo	wing test data is for an oil well it must be from a test				
	RT Request for test allowable (Include volume requested)	34.	d only after the total volume of load oil is recovered.				
	if for any other reason write that reason in this box.	35.	MO/DA/YR that new oil was first produced				
4.	The API number of this well	36.	MO/DA/YR that gas was first produced into a pipeline				
5.	The name of the pool for this completion		MQ/DA/YR that the following test was completed				
6.	The pool code for this pool	37.	Langth in hours of the test				
7.	The property code for this completion	38.	Flowing tubing pressure - oil wells Shut-in tubing pressure - gas wells				
8.	The property name (well name) for this completion	39.	Flowing casing pressure - oil wells Shut-in casing pressure - gas wells				
9.	The well number for this completion	40.	Diameter of the choke used in the test				
10.	The surface location of this completion NOTE: If the United States government survey designates a Lot Number	41.	Barrels of oil produced during the test				
	for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.	42.	Barrels of water produced during the test				
11.	The bottom hole location of this completion	43.	MCF of gas produced during the test				
12.	Lesse code from the following table:	44.	-				
	F Federal S State	45.	Gas well calculated absolute open flow in MCF/D				
	P Fee J Jicarilla	45.	The method used to test the well:  F Flowing P Pumping				
	N Navajo U Ute Mouritain Ute		S Swabbing				
	Other Indian Tribe	46.	If other method please write it in.				
13.	The producing method code from the following table:  F Flowing P Pumping or other artificial lift	40.	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 completion was first connected to a gas transporter	47.	The previous operator's name, the signature, printed name,				
15.	The permit number from the District approved C-129 for this completion		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				
16.	MO/DA/YR of the C-129 approval for this completion		eiftuan nå tvar heisou				
17,	MO/DA/YR of the expiration of C-129 approval for this completion	· -	Figure 1				
18.	The gas or oil transporter's OGRID number	••					
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.		Combined Company				
21.	Product code from the following table:		and the second s				
	O Oil	The sales	The second secon				
	A Company of the Comp	312 ·~	Pro Art				
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