Diutrict I PO Box 1980, Hobbe,	NM \$8241-1960		Energy k	State of	Natural D						Form (
District II									Revised	February 10,	
District III 1000 Rio Brazos Rd.,	PO PO) Box 208	VATION DIVISION Box 2088			Instructions or Submit to Appropriate District		
District IV Santa Fe, NM 87504-2088					INM 8/30	04-2088	5 C				
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I. Oil and Ga		ETS Fransporter !		·						<u></u>	
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New Mexico Oil Conservation Division C-104 Instructions

					C-104 In	truction	
IF "Al	THIS IS AN		REPORT, CHEC	K THE BOX LA	BLED	22.	
Rec	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.					٤٤,	T' e 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.)
		NOTINES LO (DI	nearest whole ba	erel.		23.	The POD number of the stores a fear with the
acc.	ordance wit	h Rule 111.	newly drilled or d on of the deviatio	n tests conduct	ed in		from this property. 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.
						24.	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.]
chai	nges of ope	rator, prope	, IV, and the oper rty name, well nu	ator certification mber, transports	s for	25.	
		•				25. 26.	MO/DA/YR drilling commenced
	•		e filed for each			27.	MO/DA/YR this completion was ready to produce
lmpi oper	roperly fille atore unapp	d out or in proved.	complete forms	may be returned	d to	28.	Total vertical depth of the well Plugback vertical depth
1.		lor's name a	nd addraga			29.	
2.	Operat		number. If you do led in by the Distri	not have one it	will	30.	Top and bottom perforation in this completion or casing shoe and TD if openhole Inside diameter of the well bore
3.	Reason	n for filing co	de from the follow		·	31.	Outside diameter of the casing and tubing
	RC	Recomple	tion	uið rabiet		32.	Depth of casing and tubing. If a casing liner show top and bottom.
	CH AO	Add oil/co	l Operator Indensate transpo	147			
	· CO AG	Add gas t	i/condensate trans lansportar	porter		33.	Number of sacks of cement used per casing string
	CG RT	Request	s transporter for test allowab	e linclude volu		The fo	ollowing test data is for an oil well it must be from a test cted only after the total volume of load oil is recovered.
	If for an		on write that reas			34.	MO/DA/YR that new oil was first produced
4.	The AP	f number of	this well			35.	MO/DA/YR that gas was first produced into a pipeline
5.	The nar	ne of the po	ol for this complet	ion		36.	MO/DA/YR that the following test was completed
6.	The poo	ol code for th	is pool			37.	Length in hours of the test
7.	The pro	perty code f	or this completion			38.	Flowing tubing pressure - oil wells
8. 9.			well name) for this this completion	completion		3 9 .	Shut-in tubing pressure - gas wells Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
10.	The sur	face location	of this assured		ha	40.	Diameter of the choke used in the test
	for this I	tates govern ocation use	ment survey designed that number in the CD unit letter.	'UL or lot no.' bo		41.	Barrels of oil produced during the test
11.	The hot	ee use the O	CD unit letter.			42.	Barrele of water produced during the test
12.			tion of this compl following table:	etion		43.	MCF of gas produced during the test
	Ś	Federal State	tollowing table:			44.	Gas well calculated absolute open flow in MCF/D
·	P J	Fee Jicarille				45.	The method used to test the well:
		Navajo Ute Mounta Other Indiar	in Ute Tribe	2011) 			P Pumping S Swabbing If other method please write it in.
13.	The prod	ucing metho	d code from the fo	lowing table.		46.	The signature printed name on total of a
	P		other artificial lift				signed, and the talanhone port, the date this report was
14.	MO/DA/Y gas trans	'R that this e	ompletion was fir	st connected to	•	47.	
15.	-	it number fe	om the District ap			•••	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
16,	MO/DA/Y	R of the C-1.	29 approval for th	5 completion		-	signed by that person
17.	MO/DA/Y	R of the exp	piration of C-129	approval for this			
18.						•••	
19.	Name and	address of i	ter's OGRID numb			•	
20. .					· i		
			o the POD from w his transporter. If is POD has no nu ber and write it h				
21.			following tables				
		346		دي. محمد معمون دين د در	وروند المور ويرو مراجع		
			-				
`	in in the second	1999 - 19	مینیوند در بوریک در این از این از میکیو مسیر کالیون این اینانون د	nga 2017 - Angel 201 Angel 2017 - Angel 20 Angel 2017 - Angel 2	وليون - ين اير بر . 	9	
	24 - 12 - P	nata i e di	مستقلح والمحتول	ing the second secon	ويتقون المراجع	د بو نهایت دی. و میں ایو بور ایو	
•	•		REC	EIVEL		1	
			<u>At</u>	R 2 5 1911			ا ما الما يا يهدها بالا المحمومين الريادي ويما المراجع الما الما والمحمود المراجع المحمومين المعود معموم معارفهم الم
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