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District III 1000 Rio Brazos Rd., Artee, NM \$7410				OIL CONSERVATION DIVISION PO Box 2088				Instruction Submit to Appropriate Dist				
District IV	A NO.1 VII	s nm \$7419		Santa	Fe, N	IM 8750	14-208 8					
PO Box 2088, 9	Santa Fe, N	NI 87504-2081	1									AMENDED
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<u> </u>		Location	J.	R. PHILLI	IPS GA	S COM						* Well Number
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New Mexico Oil Conservation Division C-104 Instructions

IF THIS								
AMEN	S IS AN AMENDED REPORT, CHECK THE B IDED REPORT® AT THE TOP OF THIS DOCUME	OX LABLED	22.	T's 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", stc.)				
Report Report	all gas volumes at 15.025 PSIA at 60°. all oil volumes to the nearest whole barrel.		23.					
A reque	est for allowable for a newly drilled or deepened to panied by a tabulation of the deviation tests of ance with Rule 111.	well must be	23,	The POD number of the storage from which water is move from this property. If this is a new well or recompletion and this POD has no number the district office will assign number and write it here.				
All sect new an	tions of this form must be filled out for allowable nd recompleted wells.	requests on	24.	The ULSTR location of this POD if it is different from the well completion location and a short description of the POE (Example: "Battery A Water Tank", "Jones CPD Wate Tank", etc.)				
CUSUDe	only sections I, II, III, IV, and the operator cert of operator, property name, well number, tra	fications for	25.	MO/DA/YR drilling commenced				
outer s	uch changes,	•	28.	MO/DA/YR this completion was ready to produce				
comple	arate C-104 must be filed for each pool in ition,	 multiple 	27.	Total vertical depth of the well				
Improp	erly filled out or incomplete forms may be	returned to	28.	Plugback vertical depth				
1.	ors unapproved. Operator's name and address		29.	Top and bottom perforation in this completion or casing				
2.	Operator's OGRID number. If you do not have		20	shoe and TD if openhole				
	be assigned and tilled in by the District office	· ·	30. 31.	Inside diameter of the well bore				
3.	Reason for filing code from the following table NW New Well	•:	32.	Outside diameter of the casing and tubing Depth of casing and tubing. If a casing liner show top and				
	RC Recompletion CH Change of Operator		02.	bottom.				
	AO Add oil/condensate transporter CO Change oil/condensate transporter		33,	Number of sacks of coment used per casing string				
	AG Add gas transporter CG Change gas transporter		The foll conduct	owing test data is for an oil well it must be from a test ad only after the total volume of load oil is recovered.				
	RT Request for test allowable (Inclu requested)		34.	MO/DA/YR that new oil was first produced				
4.	If for any other reason write that reason in this The ADI number of this well		35.	MO/DA/YR that gas was first produced into a pipeline				
5.	The API number of this well The name of the pool for this completion		38.	MO/DA/YR that the following test was completed				
6,	The pool code for this pool	:	37.	Length in hours of the test				
7.	The property code for this completion	:	38.	Flowing tubing pressure - oil wells				
8.	The property name (well name) for this compl	etion	39.	Shut-In tubing pressure - gas wells Flowing casing pressure - oil wells				
9.	The well number for this completion			Shut-in casing pressure - gas wells				
10.	The surface location of this completion NC	TE: If the	40.	Diameter of the choke used in the test				
	United States government survey designates a for this location use that number in the 'UL or Ditherwise use the OCD unit letter.	ot no." box.	41.	Barrels of oil produced during the test				
11, -	The bottom hole location of this completion		42.	Barrels of water produced during the test				
12.	Lease code from the following table:		43.	MCF of gas produced during the test				
•	F Federal 8 State		44. 45.	Gas well calculated absolute open flow in MCF/D				
	P Foe J Jicarilla	•	40.	The method used to test the well: F Flowing P Pumping				
	N Navajo U Ute Mountain Ute	·		8 Swabling If other method please write it in.				
13.	Other Indian Tribe The producing mathod code from the following FFlowing PPumping or other artificial lift	g table;	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 questione				
14.	MO/DA/YR that this completion was first con	nected to a d	47.	about this report The previous operator's name, the signature, printed name,				
15.	gae transporter			and title of the previous operator's representative authorized to verify that the previous operator no longer				
19,	The permit number from the District approved this completion	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 com	pletion		 A second sec second second sec				
17.	MO/DA/YR of the expiration of C-129 appro	val for the						
18,	•			and a second				
18. 19.	The gas or oil transporter's OGRID number	· · ·						
-	The gas or oil transporter's OGRID number Name and address of the transporter of the pro The number assigned to the POD from which a	oduc t	•					
19.	The gas or oil transporter's OGRID number Name and address of the transporter of the pro The number assigned to the POD from which t will be transported by this transporter. If this is of the completion and this POD	oduct his product	· ·					
19.	The gas or oil transporter's OGRID number Name and address of the transporter of the pro- The number assigned to the POD from which t will be transported by this transporter. If this is or recompletion and this POD has no number office will assign a number and write it here.	oduct his product a new well the district	· · · · · · · · · · · · · · · · · · ·					
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