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New Me sua Oil Conservation Division C-104 Instructions

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	C-104 In	structions			
IF THIS IS AN AMENDED REPORT CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT			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.)		
	hi gas volumes at 15.025 PSLA at 60°. Ni cii volumes to the nearest whole barrei. It for ellowable for a newly drilled or deepened well must be aned by a tabulation of the deviation tests conducted in	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 number and write it here.		
1000rd1	nce with Rule 111. Ions of this form must be filled out for allowable requests on	24.	The ULSTR location of this POD if it is different from the west completion location and a short decomption of the POD Example: "Battery A Water Tank", "Jones CPD Water		
new an	new and recompleted wells. Fill out only sections i. II. III. IV, and the operator certifications for inges of operator, property name, well number, transporter, or er such changes.		Example: Sattery A Water Fank , Jones CFD Water Tank .stc.)		
			HO/DA/YR drilling commenced		
	•	26.	MO/DA/YR this completion was ready to produce		
	 separate C-104 must be filed for each pool in a multiple completion. 		Total vertical depth of the well		
Improo	env filled out or incomplete forms may be returned to	28.	Plugback vertical depth		
	Operator's name and address	29.	Top and bottom perforation in this completion or casing snoe and TD if opennois		
<i>z</i> .	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.	31	Outside diameter of the casing and tubing		
3.	Reason for filling code from the following table: NW New Well RC Recompletion	32.	Depth of casing and tubing. If a casing liner show top and bottom.		
	CH Change of Operator AO Add oil/condensate transporter	33.	Number of sacks of cament used per casing string		
	CO Change oil/condensate transporter AG Add gas transporter CG Change gas transporter	The fo	pliowing test data is for an oil well it must be from a test stad only after the total volume of load oil is recovered.		
	RT Request for test allowable (include volume requested)	34.	MO/DA/YR that new oil was first produced		
	If for any other reason write that reason in this box.	35.	MO/DA/YR that gas was first produced into a pipelins -		
4.	The API number of this well	36.	MO/DA/YR that the following test was completed		
5.	The name of the pool for this completion	37.	Length in hours of the test		
š. 7.	The pool code for this pool 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.	Barreis 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.	Lease code from the following table:	44.	Gas well calculated absolute open flow in MCF/D		
	F Federal S State P Fee J Jicarilla N Navero U Ute Mountain_Ute	45.	The method used to test the well: F Flowing P Pumping S Swabbing If other method please write it in.		
۰ 3.	l Other Indian Tribe The producing method code from the following table: F Flowing P Pumping or other artificial lift	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 completion was first connected to a 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 from the District approved C-129 for this completion		operates this completion, and the date this report we signed by that person		

- 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.
- MO/DA/YR of the expiration of C-129 approval for this completion 17.
- 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.
- Product code from the following table: O Oil --G Gas -21.