O Drever 4DD. Artean. NM 8211-4719 OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088 Submit to Appropriate District OTAR Submit to Approp	District I PO Box 1980, Hobbs, NM 88241-1980 District II PO Drawer DD, Artenia, NM 88211-0719 District III 1008 Ris Brams Rd., Azter, NM 87410			0	PO Box 2088						Submit to Appropriate District Office 5 Copies			
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Oil Conservation Division New Mc

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 bar herrel

A request for slowable for a newly drilled or despende 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, III, IV, and the operator cartifications for changes of operator, property name, well number. transporter, or other such changes.

separate C-104 must be filed for each pool in a multiple Α completion.

Improperly filled out or incomplete forms may be returned to operators unapproved.

1. Operator's name and address

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 Well RC Recomplication CH Change of Operator AO Add oil/condensate transporter CO Change oil/condensate transporter AG Add ges transporter CG Change gas transporter RT Request for test allowable (Include volume requested) 3.
 - - requested)
 - If for any other reason write that reason in this box.
- The API number of this well 4.
- The name of the pool for this completion 5.
- The pool code for this pool 6.
- The property code for this completion 7.
- The property name (well name) for this completion 8.
- The well number for this completion 9.
- 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.
- The bottom hole location of this completion 11.
- Lease code from the following table: 12.

Federal State Fee Jicarilla

SP

Navajo Ute Mountain Ute Other Indian Tribe

- The producing method code from the following table: 13. Flowing Pumping or other artificial lift
- MO/DA/YR that this completion was first connected to a 14. gas transporter
- 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 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.

- 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 this is a new well or recompletion and this POD has no number the 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 24. well comple (Example: Tank",etc.)
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- Total vertical depth of the well 27.
- Pluoback vertical depth 28.
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29.
- Inside diameter of the well bore 30.
- Outside diameter of the casing and tubing 31.
- Depth of casing and tubing. If a casing liner show top and 32. bottom.
- Number of sacks of cement used per casing string 33.

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.

- MO/DA/YR that new oil was first produced 34.
- MO/DA/YR that gas was first produced into a pipeline 35.
- MO/DA/YR that the following test was completed 36.
- Length in hours of the test 37.
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- Diameter of the choke used in the test 40.
- Barrels of oil produced during the test 41.
- Barrels of water produced during the test 42.
- 43. MCF of gas produced during the test
- Gas well calculated absolute open flow in MCF/D 44.
 - The method used to test the well:

Flowing

Pumping Swappin

45.

- S Swabbing If other method please write it in.
- 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 46.
- 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 47.

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