District I PO Box 1960. Hobbs. NM 88241-1980
District II
TO Drawer DD. Artesia, NM \$1211-0719

District III 1908 Rie Brazos Rd., Aztec, NM 87418 District IV

PO Box	2068,	Santa Fe.	NM	87504-2088 -

## State of New Mexico

## OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088 Santa Fe, NM 87504-2088

Form C-104 Revised February 10, 1994 Instructions on back

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	C- 104	ine o de don
IF THIS	S IS AN AMENDED REPORT, CHECK THE BOX LABLED DED REPORT AT THE TOP OF THIS DOCUMENT	2 <b>2</b> .
Report Report	ali gas volumes at 15.025 PSIA at 60°. ali gi volumes to the nearest whole barrei.	23.
8000mt	est for allowable for a newly drilled or deepened well must be panied by a tabulation of the deviation tests conducted in ance with Rule 111.	
Ali sect new an	tions of this form must be filled out for allowable requests on d recompleted wells.	24.
change	only sections I, II, III, IV, and the operator certifications for a of operator, property name, well number, transporter, or ucn changes.	25.
	-	26.
comple	arate C-104 must be filed for each pool in a multiple tion.	27.
Improp	erly filled out or incomplete forms may be returned to	28.
1.	Operator's name and address	29.
2.	Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.	30.
3.	Reason for filing code from the following table:	31.
	NW New Well RC Recompletion	32.
	CH Change of Operator AO Add oil/condensate transporter CO Change oil/condensate transporter	33.
	AG Add gas transporter	The
	CG Change gas transporter RT Request for test allowable (Include volume	COL
	requested) If for any other reason write that reason in this box.	34
4.	The API number of this well	35
5.		36
	The name of the pool for this completion	37
6.	The pool code for this pool	38
7.	The property code for this completion	
8.	The property name (well name) for this completion	39
9.	The well number for this completion	40
10.	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.	40 41
	Otherwise use the OCD unit letter.	42
11.	The bottom hole location of this completion	43
12.	Lease code from the following table:	44

- Lease code from the following table: Federal State Fee Jicarilla Navajo Ute Mountain Ute Other Indian Tribe
- SP
- J N U
- 13. The producing method code from the following table: Flowing Pumping or other artificial lift P
- 14. MO/DA/YR that this completion was first connected to a gas transporter
- 15. The permit number from the District approved C-129 for this completion
- 16. MO/DA/YR of the C-129 approval for this completion
- MO/DA/YR of the expiration of C-129 approval for this 17.
- 18. The gas or oil transporter's OGRID number
- 19. Name and address of the transporter of the product
- 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.
- 21. Product code from the following table: O Oil G Gas

- 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.)
- 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.
- 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".atc.)
- MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce
- Total vertical depth of the well
- Pluchack vertical depth Ì.
- Top and bottom perforation in this completion or casing shoe and TD if opennois ١.
- Inside diameter of the well bore ).
- Outside diameter of the casing and tubing
- 2. Depth of casing and tubing. If a casing liner show top and bottom
- 3. Number of sacks of cement used per casing string

ne following test data is for an oil well it must be from a test Inducted only after the total volume of losd oil is recovered.

- **1**. MO/DA/YR that new oil was first produced
- MO/DA/YR that gas was first produced into a pipeline 5.
- MO/DA/YR that the following test was completed 8.
- 7. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure gas wells B.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 9.
- 0. Diameter of the choke used in the test
- 1. Barrels of oil produced during the test
- Barrels of water produced during the test 2.
- 3. MCF of gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- The method used to test the well: F Flowing P Pumping S Swebbing 45

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

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- The signature, printed name, and title- of the person authorized to make this report, the data this report was signed, and the telephone number to call for questions about this report 48.
- 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.