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VI. Well Test	Wanted States in the states in the				-	2000). A CHI M & A CH	ANTING CONTRACTOR				
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IF THI S	IS AN AMENDED REPORT, CHECK THE BOX LABL	ED 22.	The HETT lesses of the DOD M is to different down
AMENI Report	DED REPORT AT THE TOP OF THIS DOCUMENT		The ULSTR location of this POD if it is different from well completion location and a short description of the P (Example: "Bettery A", "Jones CPD",etc.)
A reque eccomp	all oil volumes to the nearest whole barrel. Ist for allowable for a newly drilled or despensed well must served by a tabulation of the deviation tests conducted	23. be in	The POD number of the storage from which water is mo- from this property. If this is a new well or recomplation a this POD has no number the district office will assig number and write it here.
All sect	ance with Rule 111. ions of this form must be filled out for allowable requests d recompleted wells.	24. on	The ULSTR location of this POD if it is different from well completion location and a short description of the P (Example: "Battery A Water Tank", "Jones CPD We
C118/10/28	only sections I, II, III, IV, and the operator certifications t s of operator, property name, well number, transporter, uch changes,	lor or 25.	Tank*,etc.) MO/DA/YR drilling commenced
A separate C-104 must be filed for each pool in a multiple			MO/DA/YR this completion was ready to produce
complet	tion.	27.	Total vertical depth of the well
Imprope operato	erly filled out or incomplete forms may be returned in unapproved.	to 28.	Plugback vertical depth
1.	Operator's name and address	29.	Top and bottom perforation in this completion or cases and TD if openhole
2.	Operator's OGRID number. If you do not have one it y	vill 30.	Inside diameter of the well bore
3.	be sasigned and filled in by the District office.	31.	Outside diameter of the casing and tubing
J.	Resson for filing code from the following table: NW New Well RC Recompletion CH Change of Operator	32.	Depth of casing and tubing. If a casing liner show top 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 fo	llowing test data is for an oil well it must be from a
	RT Request for test allowable (Include volur requested)	™• 34.	ted only after the total volume of lasd oil is recovered.
	If for any other reason write that reason in this box.	34.	MO/DA/YR that new oil was first produced MO/DA/YR that gas was first produced into a pipeline
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.	Langth in hours of the test
6. 7.	The pool code for this pool	38.	Flowing tubing pressure - oil wells
8.	The property code for this completion The property name (well name) for this completion		Shut-in tubing pressure - gas wells
9.	The well number for this completion	39.	Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
10.	The surface location of this completion NOTE: If t	40.	Diameter of the choke used in the test
	United States government survey designates a Lot Numb for this location use that number in the 'UL or lot no.' but		Barrels of oil produced during the test
	Otherwise use the OCD unit letter.	42.	Barrals 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: F Føderal	4 4 .	Gas well calculated absolute open flow in MCF/D
	S State P Fee J Jicarilla N Navajo U Ute Mountain Ute I Other Indian Tribe	45.	The method used to test the well: F Flowing P Pumping S Swabbing If other method please write it in.
13.	The producing method code from the following table:	46.	The signature, printed name, and title of the per authorized to make this report, the date this report
14.	F Flowing P Pumping or other artificial lift MO/DA/YR that this completion was first connected to		signed, and the telephone number to call for quest about this report
15,	gas transporter The permit number from the District approved C-129		The previous operator's name, the signature, printed na and title of the previous operator's represents authorized to verify that the previous operator no lo operates this completion, and the date this report
16.	this completion		signed by that person
17.	MO/DA/YR of the C-129 spproval for this completion MO/DA/YR of the expiration of C-129 approval for t completion	hie	
18.	The gas or oil transporter's OGRID number		
19.	Name and address of the transporter of the product		
20.	The number assigned to the POD from which this produ- will be transported by this transporter. If this is a new w or recompletion and this POD has no number the dist office will sesten a number and write it here	/ell rict	· · · · · ·
21.	Product code from the following table:		· · · · · · · · ·
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