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Report	all gas volumes at 15.025 PSIA at 60°. All oil volumes to the nearest whole barrel.	23.	The P from t		
coomo	st for allowable for a newly drilled or deepened well must be aneed by a tabulation of the deviation tests conducted in ince with Rule 111.	24.	nume The (
'li sect	ions of this form must be filled out for allowable requests on a recompletes wells.	24.	Exar Tank		
.ange	only sections i. II, III, IV, and the operator certifications for s of operator, property name, well number, transporter, or	25.	чол		
	uch changes.	26.	мол		
A sepi Co mdia	arate C-104 must be filed for each pool in a multiple uon.	27.	Tota		
	env filled out or incomplete forms may be returned to	28.	Plugi		
operato	are unapproved.	29.	Top		
1.	Operator's name and address				
2.	Operator's OGRID number. If you do not have one it will	30.	Lneid		
	be assigned and tilled in by the District office.	31-	Outi		
3.	Reason for filing code from the following table: NW New Well RC Recompliation	32.	Dep bott		
	CH Change of Operator AO Add oil/condensate transporter	33.	Nun		
	CO Change oil/condensate transporter AG Add gas transporter		cusa on		
	RT Request for test allowable (include volume	34.	MO		
	if for any other reason write that reason in this box.	35.	MO		
4.	The API number of this well	38.	MO		
5.	The name of the pool for this completion	37.	Len		
6.	The peak code for this peak	38.	Fier Shi		
7.	The property code for this compistion	39.	Flo		
8.	The property name (well name) for this completion	33.	Sh		
9.	The well number for this completion	40.	DL		
1 0 .	The surface location of this completion NOTE: if the United States government survey designates a Lot Number	41.	Ba		
	for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit letter.	42.	Be		
		43.	M		
11.	The bottom hole location of this completion	44.	G		
12.	Lease code from the following table: F Federal	45.	Th		
	S State P Fee		F		
	J Jicerille N Navao		S		
	U Ute Mountain Ute		Ħ		
13.	1 Other Indian Tribe The producing method code from the following table:	46.			
	F Flowing P Pumping or other artificial lift		at		
14.	MO/DA/VR that this completion was first connected to a gas transporter	47.	11 84		
	the state of the s		9		

- The permit number from the District approved C-129 for this completion 15.
- MO/DA/VR of the C-129 approval for this completion .
- 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: 0 0il --G Gas 21.

- ULSTR location of this POD if it is different from the completion location and a short description of the POD mple: "Battery A", "Jones CPD",etc.)
- POD number of the storage from which water is meved this property, if this is a new well or recompletion and POD has no number the district office will assign a per and write it here.
- ULSTR location of this POD If it is different from the completion location and a short description of the POD imple: "Battery A Water Tank", "Jones CPD Water k", atc.)
- DAMR drilling commences
- /DA/YR this completion was ready to produce
- ai vertical depth of the well
- ibacik vertical depth
-) and bottom perforation in this completion or casing 19 and TD If opennois
- de diameter of the well bore
- tside diameter of the casing and tubing
- puth of casing and tubing. If a casing liner show top and
- mber of sacks of cement used per casing string

g test dats is for an oil well it must be from a test niv after the total volume of load oil is recovered.

- D/DA/YR that new oil was first produced
 - D/DA/YR that gas was first produced into a pipeline -
 - D/DA/YR that the following test was completed
- ngth in hours of the test
 - owing tubing pressure cil wells Nut-in tubing pressure gas wells
- owing casing pressure oil wells but-in casing pressure gas well
- ameter of the choke used in the test
- arrels of oil produced during the test
- errols of water produced during the test
- ICF of gas produced during the test
- ias well calculated absolute open flow in MCF/D

he method used to test the well:

- Flawing Pumping Swabbing Other method please write it in.
- The signature, printed name, and title-of the-parson authorized to make this report, the date this report was signed, and the telephone number to call for questions about this report
- 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

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