## District I PO Box 1980, Hobbs, NM 25241-1980

State of New Mexico

Form C-104 Revised February 10, 1994 Instructions on back to Appropriate District Office

District II 20 Drawer DD, Artesia, NM 19211-4719

OIL CONSERVATION DIVISION PO Box 2088

Submit	•

District III

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Title: ADMIN. SVC. COORD.							Approval Date: JAN 2 7 1995						
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F THIS IS AN AMENDED REPORT, CHECK THE BOX LABLED AMENDED REPORT AT THE TOP OF THIS DOCUMENT

Report all gas vokumes at 15,025 PSIA at 80°. Report all cill vokumes to the merest whole barrel.

A request for allowable for a newly drilled or deepened well must be accomparied by a tabulation of the deviation trate 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 certifications for changes of operator, property name, well number, transporter, or other such changes.

A separate C-194 must be filed for each pool in a multiple completion.

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

- 1. Operator's name and address
- Operator's OGRIO number. If you do not have one it will be resigned and filled in by the District office. 2.
- Risson 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 gas transporter

  CG Change gas transporter

  RT Request for test allowable (Include volume requested)

  If for any other reason write that reason in this box. 3.

- 4. The API number of this well
- The name of the pool for this completion 5
- 6. The pool code for this pool
- 7. The property code for this completion
- 8. The property name (well name) for this completion
- q The well number for this completion
- 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.
- 11. The bottom hole location of this completion
- Losse code from the following table:
  F Federal
  S State
  P Fee
  J Jicerilla
  N Navajo
  U Ute Mountain Ute
  I Other Indian Tribe 12.

- The producing method code from the following table:
  F Flowing
  P Pumping or other satisficial lift 13.
- MODANR that this completion was first connected to a 14. gas trensporter
- The permit number from the District approved C-129 for this completion 15
- 16. MO/DA/xR of the C-129 approval for this completion
- MO/DAIYR of the expiration of C-129 approval for this 17
- 18. The gas or oil transporter's OGRID number
- 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.
- reduct ends from the following table:

  Oil

  Gas

The ULSTR location of this POD if it is different from the yeal completion location and a short description of the POD (Example: "Battery A", "Jones CPD", etc.)

TO THE REAL PROPERTY.

The POD number of the storage from which weter 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: "Bettery A Water Tank", "Jones CPD Water Tank", etc.) 24
- 25. MO/DA/YR drilling commenced
- MO/DA/YR this completion was ready to produce 28.
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or easing shoe and TD if exembols 29.
- 30. Inside diameter of the well bore
- 3 i. Outside diameter of the casing and tubing
- 32. Depth of casing and tubing. If a casing liner show top and bottom.
- 33. Humber of sacks of cement used per casing string

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.

- 34. MO/DA/YR that new oil was first produced
- 35. MO/DA/YR that gee was first produced into a pipeline
- 38. MO/DA/YR that the following test was completed
- 37. Length in hours of the test
- Flowing tubing pressure oil wells Shut-in tubing pressure ges wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diamster of the choke used in the test
- 41. Barrels of oil produced during the test
- 42 Barrels of water produced during the test
- 43. MCF of ass 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 Swabbing 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 provious 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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J. W. HAM

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