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or lot no. Section Town	······································	Lot Ida	Feet from the	North/South H	ie Fe	et from the	East/West Ha	e County	
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## New Mexico Oil Conservation Division C-104 Instructions

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IF THIS	IS AN AMENDED REPORT, CHECK THE BOX LABLED DED REPORT" AT THE TOP OF THIS DOCUMENT	22,	The ULSTR location of this POD if it is different from the well completion location and a short description of the POD
Report a Report a	Il gas volumes at 15.025 PSIA at 80°. Il oli volumes to the nearest whole barrel.	23.	texample: Dattery A , Jones CPD",etc.)
accomp	it for allowable for a newly drilled or deepened well must be inled by a tabulation of the deviation tests conducted in nce with Rule 111.	20.	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 easign a number and write it here.
new and	one of this form must be filled out for allowable requests on I recompleted wells,	24.	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", "Jones CPD Water
cuaudes	only sections I, II, III, IV, and the operator cartifications for of operator, property name, well number, transporter, or	25.	Tank";eto.) MO/DA/YR drilling commenced
	ch changes.	26.	MO/DA/YR this completion was ready to produce
complet	ate C-104 must be filed for each pool in a multiple on.	27.	Total vertical depth of the well
Imprope	rly filled out or incomplete forms may be returned to a unapproved.	28.	Plugback vertical depth
1.	Operator's name and address	29.	Top and bottom perforation in this completion or casing
2.	Operator's OGRID number. If you do not have one to with	••	ence and TD if opennole
•	be assigned and filled in by the District office.	30. · 31.	Inside diameter of the well bore
3.	Reason for filing code from the following table: NW New Well	31.	Outeide diameter of the casing and tubing
	CH Change of Operator		Depth of casing and tubing. If a casing liner show top and bottom.
	AO Add oll/condensate transporter • CO Change oll/condensate transporter	33.	Number of eacke of cement used per casing string
	AG Add gas transporter CG Change das transporter	. The fol conduc	lowing teet data is for an oil well it must be from a test ted only after the total volume of load oil is recovered.
	RT Request for test allowable (include volume requested) If for any other reason write that reason in this box.	34,	MO/DA/YR that new oil was first produced
4.	The API number of this well	35.	MO/DA/YR that gas was first produced into a pipeline
Б.	The name of the pool for this completion	36,	MO/DA/YR that the following test was completed
6,	The pool code for this pool	37.	Length in hours of the test
7.	The property code for this completion	38.	Flowing tubing pressure - oil walls
8.	The property name (well name) for this completion	39.	snut-in tubing pressure - gas wells
9.	The well number for this completion		Flowing casing pressure - oil wells Shut-in casing pressure - gas wells
10,	The surface location of this completion NOTE: If the United States government survey designates a Lot Number	40.	Diameter of the choke used in the test
	for this location use that number in the 'UL or lot no.' box. Otherwise use the OCD unit latter.	41.	Barrele of oil produced during the test
11.	The bottom hole location of this completion	42.	Barrels of water produced during the test
12.	Lense code from the following table:	43.	MCF of gas produced during the test
	F Federal 8 State P Fee	45.	Gas well calculated absolute open flow in MCF/D The method used to test the well:
	J Jicerilla N Navalo		P Pumping
	U Ute Mountain Ute I Other Indian Tribe		S Swabbing If other method please write it in.
13.	The producing method code from the following table: F Flowing P Pumping or other artificial lift	46,	The eigneture, printed name, and title of the person authorized to make this report, the date this report was eigned, and the telephone number to call for questions
14.	MO/DA/YR that this completion was first connected to a gas transporter	47.	about this report The previous operator's name, the signature, printed name,
15.	The permit number from the District engraved 0 120 to		authorized to verify that the manufator's representative
18.		• •	operates this completion, and the date this report was eigned by that person
17.	MO/DA/YR of the C-129 approval for this completion MO/DA/YR of the expiration of C-129 approval for this	•	
18.	completion		and a second secon
19.	The gas or oil transporter's OGRID number Name and address of the transporter of the product	1.64	
20.			
•	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 section.		
21.	the start a number and write it here.	,	
· · · ·	Product code from the following table: O Oil G Gas	_	
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