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| C-104 Submit Electronically Via OCD Permitting | State of New Mexico Energy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION | Revised July 9, 2024 |
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REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Section 1 - Operator and Well Information

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| Submittal Type: <input type="checkbox"/> Test Allowable (C-104RT) <input type="checkbox"/> New Well (C-104NW) <input type="checkbox"/> Recomplete (C-104RC) <input type="checkbox"/> Pay Add (C-104RC) <input type="checkbox"/> Amended | |
| Operator Name: | OGRID: |
| Property Name and Well Number: | Property Code: |
| Mineral Owner: <input type="checkbox"/> State <input type="checkbox"/> Fee <input type="checkbox"/> Tribal <input type="checkbox"/> Federal | API Number: 30-0 |
| Pool Name: | Pool Code: |

Section 2 – Surface Location

| UL | Section | Township | Range | Lot | Ft. from N/S | Ft. from E/W | Latitude | Longitude | County |
|----|---------|----------|-------|-----|--------------|--------------|----------|-----------|--------|
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Section 3 – Completion Information

| Producing Method | Ready Date | Perforations MD | Perforations TVD |
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Section 4 – Action IDs for Submissions and Order Numbers

| List Action IDs for Drilling Sundries | Was an Order required / needed (Y/N), if yes list Order number: |
|--|--|
| C-104 RT Action ID (if C-104NW): | Communitization Agreement <input type="checkbox"/> Yes <input type="checkbox"/> No, Order No. |
| Surface Casing Action ID: | Unit: <input type="checkbox"/> Yes <input type="checkbox"/> No, Order No. |
| Intermediate 1 Casing Action ID: | Compulsory Pooling: <input type="checkbox"/> Yes <input type="checkbox"/> No, Order No. |
| Intermediate 2 Casing Action ID: | Down Hole Commingling: <input type="checkbox"/> Yes <input type="checkbox"/> No, Order No. |
| Production Casing Action ID: | Surface Commingling: <input type="checkbox"/> Yes <input type="checkbox"/> No, Order No. |
| All casing was pressure tested in accordance with NMAC <input type="checkbox"/> Yes <input type="checkbox"/> No | Non-standard Location: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Common ownership Order No. |
| Liner 1 Action ID: | Non-standard Proration: <input type="checkbox"/> Yes <input type="checkbox"/> No, Order No. |
| Casing was installed prior to OCD's Action ID system (Y/N): | Simultaneous Dedication: <input type="checkbox"/> Yes <input type="checkbox"/> No, Order No. |

Section 5 - Operator Signature and Certification

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| <input type="checkbox"/> I hereby certify that the required Water Use Report has been, or will be, submitted for this well's completion. | |
| <input type="checkbox"/> I hereby certify that the required Fracfocus disclosure has been, or will be, submitted for this well's completion. | |
| <input type="checkbox"/> I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. | |
| Name | |
| Title | Date |