District I PO Box 1980, Hobbs, NM 88241-1980
District II
TO Drawer DD, Artenia, NM \$8211-0719
District III

1000 Rio Brazos Rd., Aztec, NM 87418 District IV

## State of New Mexico Eacry, Minerals & Natural Resources Department

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088 Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

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' API Number ' Pool Name								1	Pool Code	
30-005-62903 Coyote Queen									13380	
Property Code	Name				Well Number 1					
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<sup>11</sup> Bottom Ho	le Locat	ion		<u> </u>						
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	C-104	instructions			
	HIS IS AN AMEND TO REPORT, CHECK THE BOX LABLED ENDED REPORT AT THE TOP OF THIS DOCUMENT	22.	The ULSTR location of this POD if it is different from the		
Repo Repo	Report all gas volumes at 15.025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.		(Example: "Battery A", "Jones CPD",etc.)		
A request for allowable for a newly drilled or deepened well must be accompanied by a tabulation of the deviation tasts conducted in accordance with Rule 111.		23.	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 assign a number and write it here.		
	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-104 must be filed for each pool in a multiple		The ULSTR location of this POD if it is different from the well completion location and a short description of the POD lExample: "Battery A Water Tank", "Jones CPD Water Tank", etc.		
chan other			Tank",etc.) MO/DA/YR drilling commenced		
A se			MO/DA/YR this completion was ready to produce		
•		27.	Total vertical depth of the well		
	improperly filled out or incomplete forms may be returned to operators unapproved.		Plugback vertical depth		
1. 2.	Operator's name and address	29.	Top and bottom perforation in this completion or casing shoe and TD if openhole		
۷.	Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office.	30.	Inside diameter of the well bore		
3.	Reason for filing code from the following table:	31.	Outside diameter of the casing and tubing		
	RC Recompletion CH Change of Operator	32.	Depth of casing and tubing. If a casing liner show top and bottom.		
	AO Add oil/condensate transporter CO Change oil/condensate transporter AG Add gas transporter	33.	Number of sacks of cament used per casing string		
	CG Change gas transporter RT Request for test allowable (locitude united)	The fo conduc	lowing test data is for an oil well it must be from a test ted only after the total volume of load oil is recovered.		
	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		
5.	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 wells Shut-in tubing pressure - gas wells		
8. 9.	The property name (well name) for this completion The well number for this completion	39.	Flowing casing pressure - oil wells		
10.		40.	Shut-in casing pressure - gas wells		
	The surface location of this completion NOTE: If the United States government survey designates a Lot Number for this location use that number is stignated a Lot Number	41.	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 letter.	42.	Barrels of oil produced during the test		
11.	The bottom hole location of this completion	43.	Barrels of water produced during the test		
12.	Lesse code from the following table:		MCF of gas produced during the test		
	S State	44.	Gas well calculated absolute open flow in MCF/D		
	P J Fee J Jicarilla	45.	The method used to test the well: F Flowing		
	N Navajo U Ute Mountain Ute		P Pumping S Swabbing		
	1 Other Indian Tribe		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 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		
14.	MO/DA/YR that this completion was first connected to a gas transporter	47.	The previous operator's name, the signature, printed name		
15.			and title of the previous operator's representative authorized to verify that the previous operator no longe operates this completion, and the date this report we signed by that person		
1 <b>6</b> .	MO/DA/YR of the C-129 approval for this completion				
17.	MO/DA/YR of the expiration of C-129 approval for this completion				
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 and				

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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 and write it here.

21. Product code from the following table: O Oil G Gas