## District I PO Box 1980, Hobbs, NM 88241-1980

State of New Mexico
Sacrey, Minerals & Natural Resources Department

Form C-10C/ST

Revised February 10, 1994

Instructions on back

Appropriate Discussion

District II

NO Drawer DD, Artenia, NM 88211-0719 District III

Di

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT  Operator name and Address  Limark Corporation P.O. Box 10708 Midland, Texas 79702-7708  Prool Name Coyote Queen  O-005-62998  O-005-6	Drawer DD, An crict III 10 Rio Brazos Ra trict IV			OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088					Submit to Appropriate District Office  5 Copies  AMENDED REPORT				
Corner to   Corn	Box 2088, Sant			r EOD AI		TE AND	<b>^</b> ATT	זמ∧נייי	'7 A TT	יראז דר זיים	<del></del>		
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Coyote Queen 13380  Provery Code 18798   Property Name 1870   Property N	P.(	O. Box	(10708	3						<del>-</del>			
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O15694 Navajo Refining Co. P. O. Box 159 Artesia, NM 88201  Artesia, N	Transporter	Transporter			19 Transporter Name			<sup>10</sup> POD					
Artesia, NM 88201  Artesia, NM 8			Navaio			2	8074	47	0	J 20 1	-	<del></del>	
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Previous Operator Signature Printed Name Title Date -							ious oper	rator					
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IF THIS IS AN AMEND TO REPORT. CHECK THE BOX LABLED "AMENDED REPORT" AT THE TOP OF THIS DOCUMENT

Report all gas volumes at 15,025 PSIA at 60°. Report all oil volumes to the nearest whole barrel.

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.

All sections of this form must be filled out for allowable requests on new and recompleted wells.

Fill out only sections 4, 11, 111, IV, and the operator cartifications 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

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

- Operator's name and address
- Operator's OGRID number. If you do not have one it will be assigned and filled in by the District office. 2.
- Reason for filing code from the following table: NW New Well 3.

NC HOOGG

New Well
Recompletion
Change of Operator
Add oil/condensate transporter
Change oil/condensate transporter
Add gas transporter
Change gas transporter
Request for test allowable (include volume requested) RT

requested)

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

- 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
- The property name (well name) for this completion 8.
- q The well number for this completion
- 10. 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.
- 11. The bottom hole location of this completion
- Lease code from the following table: 12.

State Fee Jicarilla

Navajo Ute Mountain Ute Other Indian Tribe

- The producing method code from the following table:
  F Flowing
  P Pumping or other artificial lift 13.
- MO/DA/YR that this completion was first connected to a 14.
- The permit number from the District approved C-129 for this completion 15.
- MO/DA/YR of the C-129 approval for this completion 16.
- 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
- 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:

  O Oil
  G Gas 21.

......

- The ULSTR location of this POD if it is different from tisk well completion location and a short description of the POD (Example: "Battery A", "Jones CPD",etc.) 22.
- 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. 23.
- 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", etc.) 24.
- MO/DA/YR drilling commenced 25.
- MO/DA/YR this completion was ready to produce 26.
- 27. Total vertical depth of the well
- 28. Plugback vertical depth
- Top and bottom perforation in this completion or casing shoe and TD if openhole 29
- 30. Inside diameter of the well bore
- Outside diameter of the casing and tubing 31.
- 32. Depth of casing and tubing. If a casing liner show top and
- 33. Number 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 gas was first produced into a pipeline
- 36. 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 gas wells 38.
- Flowing casing pressure oil wells Shut-in casing pressure gas wells 39.
- 40. Diameter 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 gas produced during the test
- 44. Gas well calculated absolute open flow in MCF/D
- 45. The method used to test the well: Flowing

P Pumping
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 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 47