

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-0719
District III
1000 Rio Brabos Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

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

OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Limark Corporation P.O. Box 10708 Midland, Texas 79702-7708		OGRID Number 152527
		Reason for Filing Code CO effective 09/01/96
API Number 30 - 025-26443	Pool Name Vacuum Abo Reef	Pool Code 61780
Property Code 19059	Property Name T.P. State	Well Number 1

II. ¹⁰ Surface Location

UL or lot no. I	Section 8	Township 18S	Range 35E	Lot Idn	Feet from the 1980	North/South Line South	Feet from the 660	East/West line East	County Lea
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¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
Lee Code S	Producing Method Code P	Gas Connection Date		C-129 Permit Number		C-129 Effective Date		C-129 Expiration Date	

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
015694	Navajo Refining Co. P.O. Box 159 Artesia, NM 88201	0621310	O	I 8 18S 35E Lea County
009171	GPM Gas Corp 4001 Penbrook Odessa, TX 79762	0621330	G	I 8 18S 35E Lea County

IV. Produced Water

POD 0621350	POD ULSTR Location and Description I 8 18S 35E Lea County
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V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cag. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

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.

Signature:

Printed name: Mark A. Philpy

Title: President

Date: 08/29/96

Phone: 915/684-5765

OIL CONSERVATION DIVISION

Approved by:

Title:

Approval Date:

If this is a change of operator fill in the OGRID number and name of the previous operator--

Previous Operator Signature

Printed Name

Title

Date

IF THIS IS AN AMENDED REPORT, CHECK THE BOX LABELED
"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 tests 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-104 must be filled for each pool in a multiple
completion.
Improperly filled out or incomplete forms may be returned to
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.
Reason for filling code from the following table:
NW New Well
RC Recompletion
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.
The API number of this well
The name of the pool for this completion
The pool code for this pool
The property code for this completion
The property name (well name) for this completion
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.
The bottom hole location of this completion
Lease code from the following table:
F Federal
S State
P Fee
J Jicarilla
N Navajo
U Ute Mountain Ute
I Other Indian Tribe
The producing method code from the following table:
F Flowing
P Pumping or other artificial lift
MO/DA/YR that this completion was first connected to a
gas transporter
The permit number from the District approved C-129 for
this completion
MO/DA/YR of the C-129 approval for this completion
MO/DA/YR of the expiration of C-129 approval for this
completion
The gas or oil transporter's OGRID number
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.
Product code from the following table:
O Oil
G Gas

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

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.

19. Name and address of the transporter of the product

18. The gas or oil transporter's OGRID number

17. MO/DA/YR of the expiration of C-129 approval for this
completion

16. MO/DA/YR of the C-129 approval for this completion

15. The permit number from the District approved C-129 for
this completion

14. MO/DA/YR that this completion was first connected to a
gas transporter

13. The producing method code from the following table:
F Flowing
P Pumping or other artificial lift

12. Lease code from the following table:
F Federal
S State
P Fee
J Jicarilla
N Navajo
U Ute Mountain Ute
I Other Indian Tribe

11. The bottom hole location of 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.

9. The well number for this completion

8. The property name (well name) for this completion

7. The property code for this completion

6. The pool code for this pool

5. The name of the pool for this completion

4. The API number of this well

3. Reason for filling code from the following table:
NW New Well
RC Recompletion
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.

2. Operator's OGRID number. If you do not have one it will
be assigned and filled in by the District office.

1. Operator's name and address

30. Inside diameter of the well bore

31. Outside diameter of the casing and tubing

32. Depth of casing and tubing. If a casing liner show top and
bottom.

33. Number of sacks of cement used per casing string

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

38. Flowing tubing pressure - oil wells

39. Shut-in tubing pressure - gas wells

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:
F Flowing
P Pumping
S Swabbing
If other method please write it in.

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

47. 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

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.
(Example: "Battery A", "Jones CPD", etc.)

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", etc.)

25. MO/DA/YR drilling commenced

26. MO/DA/YR this completion was ready to produce

27. Total vertical depth of the well

28. Plugback vertical depth

29. Top and bottom perforation in the completion or casing
shoe and TD if openhole

30. Inside diameter of the well bore

31. Outside diameter of the casing and tubing

32. Depth of casing and tubing. If a casing liner show top and
bottom.

33. Number of sacks of cement used per casing string

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

38. Flowing tubing pressure - oil wells

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40. Diameter of the choke used in the test

41. Barrels of oil produced during the test

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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:
F Flowing
P Pumping
S Swabbing
If other method please write it in.

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

47. 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