District 1 PO Box 1980, Hobbs, NM 88241-1980

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

Form C-104 Revised February 21, 1994 Instructions on back

District II P.O Drawer DD, Artesia, NM 88211-0719

Submit to Appropriate District Office

District III 1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION PO Box 2088 nta Fe. NM 87504-2088

☐ AMMENDED REPORT

5 Copies

District IV PO Box 2088, Santa T	Fe, NM 87504-	2088 OHEST I	OR A	. T T (		ŕ	4 87504-208 UTHORIZA		TO TRAI			MENL	DED REPORT	
I. REQUEST FOR ALLOWABLE AND AUTHORIZATION Operator Name and Address										OGRID Number				
Burlington Resources Oil & Gas										14538				
PO Box 4289										<sup>3</sup> Reason for Filing Code				
Farmington, NM 87499								со				- 7/11/96		
	<sup>5</sup> Poo	l Name					° Pool Code							
		ERDE (PROR		72319										
		AS rty Name				* Well Number								
		27-5 UNIT		#98E										
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II. 10 Surfa	Section	Townsl	nin I	Rang	ne .	Lot.Idn	Feet from the	North/South I	Line Feet fre	om the	East/We	st Line	County	
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12 Lse Code		13 Producing M	ethod Coc	ie	14 Gas Co	onnection Date	15 C-129 Permit	Number	¹° C-129 Effe	ctive Dat	e 1'	C-129	Expiration Date	
				İ							i.			
III. Oil an	d Gas Tı	ransporter				· · · · · · · · · · · · · · · · · · ·								
18 Tran	sporter		Transpo			20	POD		<sup>21</sup> O/G		22 P(		STR Location scription	
	OGRID and Addr					<del> </del>								
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IV. Produ	ced Wat		-		-							•		
IV. Floud		24 POD ULSTR Location and Description												
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V. Well C		on Data	24 D	- D. 4		27	TD	1	28 PBTD			29 Dard	Porations	
25 Spud Date 26 Ready Da					e		.u		" FBID	TBID		29 Perforations		
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VI. Well	Test Dat	a												
34 Date New O	il	35 Gas Deliv	ery Date		16 Test D	Date	37 Test Length		38 Tbg. Press	ure	,	° Csg. P	ressure	
											$\bot$			
40 Choke Size		<sup>41</sup> Oil			42 Water		43 Gas		" AOF		1	Test M	lethod	
" I hereby cert	ify that the r	iles of the Oil	Conserva	tion D	ivision ha	ve been complied		OIL CO	NSERVA	ATION	1 DIV	ISIO	N	
with and that the knowledge and		n given above	is true ai	nd com	iplete to th	e best of my								
Signature:	_	0.					Approved by:	Frank	T. Chave	7				
Signature.	MINIO X	ray.					Approved by.	Trank		<i></i>				
Printed Name: Dolores Di		Title: District Supervisor												
Title:	_	Approved Date: July 11, 1996												
Production Associate  Date: Ph												<del></del>		
7/11/96					(505)	326-9700	<u> </u>						<del></del> -	
<sup>47</sup> If this is a ch 14538 Meridian			OGRID t	numbe	r and nam	e of the previous o	perator							
Pr		Printed Name	Printed Name Titl			Date								
Signature:		Dolores Diaz	Dolores Diaz Production Associate			7/11/96								
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