Energy, Minerals and Natural Resources Der

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

DISTRICT II PO Drawer DD, Artesia, NM 88211-0719

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

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

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DISTRICT I PO Box 208					ALLOV	VABLE AN	D AUTHORIZ	ATIO	N TO	TRAN	SPOR	$oxedsymbol{ ext{AMENDED REPOR}}$	
	nadarl O. Bo			Operator m Corp	name and A Oration	ddress		6	OGRID Number 000817 Reason for Filing Code				
			as 79	702	_		CO Effective 7-1-96						
API Number 30-025-10197							ol Name elly Grayburg					Pool Code 50350	
Property Code 001419 II. Surface Location						_	ty Name Yortham				Well Number 003		
					T	T	T	T		I			
UL or lot n Sectio		Township 22S Hole Locati		Range 37E	Lot.Idn	Feet from the 660	North/South Line North	Feet from the 1800		East/West Line West		County Lea	
UL or lot n	Section		wnship	Nange	Lot.Idn	Feet from the	North/South Line	Fact for	om the	East/We	at Yina	Country	
C	11	" "	22S	37E	Lot.iun	660	North	18		We		County Lea	
Lse Code	Produc	cing Me	thod Code	G	as Connectio	on Date	C-129 Permit Number		C-129 Effective Date			C-129 Expiration Date	
III. Oi	l and	Gas T	ranspo	orters				- 1					
Transporter				Transporter	Name		POD	O/G	G POD UL			TR Location	
OGRID		and Address					0.45.40.40			- -	and De	scription	
015694							0454310	0					
		P.O. B	ox 159,	Artesia,	NM 88211	1-0159							
									 -				
IV. Pro	oduced	l Wo											
PO		1 Wai	lei			POD	ULSTR Location and	d Descrip	tion		/		
v. We	ell Cor	nnleti	ion Dat	ta									
Spud Date				Ready Date			TD		PBTD			Perforations	
•	Hole S	Size	Casing & Tubing Size				Depth Set Sacks Cen				Sacks Cement		
												David Comoni	
					_								
											-		
VI. We	ell Test	t Data			_								
Date New Oil			Gas Delivery Dat		Test Date		Test Lengtl	h	Tbg. Press		ure	Csg. Pressure	
Choke Size			Oil			Water	Gas		AOF			Test Method	
hereby certif	fy that the	e rules o	f the Oil C	Conservation	 ı Division ha	ve been						<u> </u>	
omplied with	and that	the info	rmation g	iven above i	is true and co	omplete to the	OI	L CO	NSER	VATI	ON D	IVISION	
est of my kn			_										
Signature Jani adams							Approved by:	Approved by:				- 1 - 1 - 1	
Printed Name:		Adar	n a				Title:						
 Γitle:	Jani	Adar	ns				Approval Data:						
Sr. Production Clerk							Approvat Date:	Approval Date: JUN 1 4 1996					
Date:	6-10)-96		Phon	e: 915	5/683-0563		J	UIV I	7 133			
If this is a	change	of opera	tor fill in t	he OGRID	number and	name of the previ	ous operator						
P	revious (Operator	Signature	;]	Printed Name			Title		Date	