energy, Minerals and Natural Resources Department

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

Previous Operator Signature

OIL CONSERVATION DIVISION
PO Box 2088

DISTRICT I		ztec, NM 8741	0		Santa Fe,) Box 2088 NM 87504-20	88				
DISTRICT I PO Box 2088	v	NM 87504-20	88	AII OX	ZADITE ANI	D AUTHORY	A TYOU	N TO	- TD ANGDON	AMENDED REPORT	
I.		REQUES		name and A		D AUTHORIZ	ATIO	у то		Number	
	Titan	Resources	-	manic and A	uurcss					0661	
		V. Texas, S nd, Texas								Reason for Filing Code CO (8/1/96)	
API Number 30-025-28029						ool Name ES SEVEN RIVEI	Name SEVEN RIVERS			Pool Code 59090	
Property Code					Proj	perty Name	•			Well Number	
	18173 rface L e	ocation			TEAS	S YATES UNIT	'ATES UNIT			004	
UL or lot no Section Township		Range Lot.Idn Feet from th			North/South Line	Feet from the East/V		East/West Line	County		
F 13 20S		33E		2615	North	1980		West	Lea		
		Location		,	1						
UL or lot no F	Section 13	Township 20S	Range 33E	Lot.Idn	Feet from the 2615	North/South Line North	Feet fro 198		East/West Line West	County Lea	
Lse Code F		g Method Code	5-83			C-129 Permit Number C-12			29 Effective Date C-129 Expiration Date		
		as Transp									
Transporter OGRID 744			Transporter Name and Address			POD	O/G	POD ULSTR Location and Description			
_ 138 64 8	77174	Corp. L.P			0456210	О			•		
	P.O. Box 4666, Houston, Tx 77210-4666						H-14-20S-33E				
					_						
IV. Pro	oduced '	Water				D III OTD I	10				
FO	D				PO	D ULSTR Location an	a Descrip	tion			
V. We	ell Com	pletion Da	nta								
Spud Date		Ready Date			TD		PBTD		Perforations		
Hole Size		Casing & Tubing Size				Depth Set			Sacks Cement		
											
VI. We	ll Test	Data									
	New Oil		s Delivery Date Test Date			Test Length			Tbg. Pressure Csg. Pressure		
			,			Tost Bong.			Tog. Tressure	Csg. 110ssuic	
Choke Size		Oil		Water	ter Gas		AOF		Test Method		
hereby certif	fy that the r	ules of the Oil	Conservatio	n Division ha	ve been						
complied with	and that the	e information g	iven above	is true and co	mplete to the	Ol	L CO	NSE	RVATION I	DIVISION	
est of my kn	owledge and		Λ								
Signature:			T. 1	hn		Approved by:			en galaran dari Rodinen darah		
Printed Name	: Ro	n Lechwar				Title:		<u></u>	<u>a yaya ka ka</u>		
Fittle: Project Manager						Approval Date:	Approval Date:				
Date: 7/22	2/96	Pho	ne: 91	5/682-6612							
		operator fill in			name of the prev	ious operator					
		-									

Printed Name

Title