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

Form C-104 Revised August 1, 2011

Submit one copy to appropriate District Office

1000 Rio Brazos District IV		· magnagamenta apade	505		20 South St.					A	MENDED REPOR	
220 S. St. Franc					Santa Fe, NI		ODI	ATION	TO TO	ANCD	OPT	
<sup>1</sup> Operator name and Address WS OIL AND GAS OPERATING, LLC						BBS OCD	3	PARTION TO TRANSPORT  2 OGRID Number 370922				
PO BOX 5375 MIDLAND, TX 79704									<sup>3</sup> Reason for Filing Code/ Effective Date CHANGE OF OPERATOR			
<sup>4</sup> API Number						<del>/ 2 0 2015</del>		6 Pool Coo				
00 020 00>02				TE-Seven Rivers					4185	41859		
<sup>7</sup> Property 6		roperty Na	me	Miller F	RECEIVED Federal		9 Well Number		er			
II. 10 Sur	Section		Range	Lot Idn	Feet from the	North/South Li	ne Fe	of fuore the	Fact/W	ant lima	Country	
2			9S 32E		1980	North/South Li	ne Fe	et from the	East/W	est line	County	
<sup>11</sup> Bot		ole Locati										
UL or lot no.	t no. Section Tow			Lot Idn	Feet from the	North/South li	ine Fe	Feet from the East/We		est line	County	
12 Lse Code F	13 Producing Met Code		14 Gas Connection Date		<sup>15</sup> C-129 Perr	<sup>5</sup> C-129 Permit Number 16 (		9 Effective	ffective Date 17 C-129 Expi		29 Expiration Date	
III. Oil a	nd Gas	Transpo	rters								11/1/10	
18 Transpor		TT HILD PO			19 Transpor	ter Name					<sup>20</sup> O/G/W	
OGRID		and Address  The HollyFrontier Companies								_		
015694	for (for P	formerly Holly Refining & Marketing Co LLC) formerly Navajo Refining Co LLC) O Box 1600 Artesia NM 88211-1600										
036785	5 37	CP MIDST 70 17TH S ENVER, C	T SUITE 2								GAS	
IV Wall	Compl	otion Dot								diss		
IV. Well 21 Spud Da		<sup>22</sup> Read			<sup>23</sup> TD	<sup>24</sup> PBTD	1	<sup>25</sup> Perforation		<sup>26</sup> DHC, MC		
27 He	ole Size		<sup>28</sup> Casin	g & Tubir	ng Size	<sup>29</sup> Dept	h Set			30 Sacks	s Cement	
14 17 1 12 12												
90 XXX										-		
		Foe									4	
V. Well												
31 Date New	Oil	32 Gas Deli	very Date	33 Test Date		34 Test Lengt		h <sup>35</sup> Tbg. Press		re	<sup>36</sup> Csg. Pressure	
<sup>37</sup> Choke S	<sup>37</sup> Choke Size		<sup>38</sup> Oil <sup>39</sup>		9 Water	<sup>40</sup> Gas					41 Test Method	
	with and e best of a	that the infe	ormation gi	ven above	is true and	Approved by:	OI	L CONSERV	VATION I	DIVISION	٧	
Printed name: CARIE STOK		Maj kroliji ar				Title: Accepted for R			Reco	Record Only		
Title:						Approval Date:						
REGULATOR E-mail Addres carie@stokero	s:	25-1	DINATOR									
Date:		P	hone:									
11/10/2015		4	32 664 7659	9								