## istrict l 625 N. French Dr., Hobbs, NM 88240

11 South First, Artesia, NM 88210

000 Rio Brazos Rd., Aztec, NM 87410

istrict II

istrict III

istrict IV

State of New Mexico .rgy, Minerals & Natural Resources Department

Form C-104 () Revised March 25, 1999

## V

Instructions on back Submit to Appropriate District Office 5 Copies

☐ AMENDED REPORT

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe NM 87505

040 South Pac	1		FOR AI	LLOWABI	LE ANI	AUTI	HORIZA	TIOIT.	N TO TRA	NSPOR'	Т		
	uite SW	D Inc.	Operator n	ame and Address	i	*			OGRID Number				
P.O. Box 481 Carlsbad, NM 88220							СН				Reason for Filing Code		
	API Number				Pool Name				Pool Code				
30-015-23728 SWD Bone Spring  Property Code spring							operty Name				96095 Well Number		
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l. Il or lot no.	Surface .	Location	Range	Lot.ldn	Feet from	the	North/South	Line	Feet from the	East/Wes	t line	County	
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L or lot no.	Section	Township	Range	Lot Idn	Feet from	the	North/South	line	Feet from the	East/Wes	t line	County	
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S Code	SWI	ng Method Code	"Gas	Connection Date	·   "C	-129 Permi	t Number		<sup>16</sup> C-129 Effective	Date	" C-	129 Expiration Date	
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18 Transpor		s Transport	ransporter l	Name	<del>  </del>	<sup>20</sup> POE	) ]	I O/G		<sup>12</sup> POD ULS	STP La	cation	
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<sup>23</sup> 1	POD					" POD UL	STR Location	and Do	escription				
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. Well Completion D													
<sup>25</sup> Spud	Date		idy Date		<sup>17</sup> TD		<sup>38</sup> PBTD		29 Perfora	tions		<sup>30</sup> DHC, MC	
31 Hole Size			32 Casing & Tubing Size										
			Casing & Tubing		Size		33 Depth Set			Day Vigor		cks Cement	
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I. W	ell Test I	)ata	·				<del></del>	····		amy	A)	<u> </u>	
35 Date N		Gas Delivery Date 37 Test Dat		t Date		34 Test Length		39 Tbg. Pressure"			40 Cag. Pressure		
		<sup>42</sup> OI					44 Gas		<sup>45</sup> AOF		<del> </del>	46 Test Method	
I hereby certify d that the infor	that the rules	of the Oil Conserv	ation Division	on have been com	plied with		OIL	. CO	NSERVAT	ION DI	VISI	ON	
and that the information given above is true and complete to the best of my knowledge and elief.						Approved by:  ORIGINAL SIGNED BY TIM W. GUM DISTRICT II SUPERVISOR  ORIGINAL SIGNED BY TIM W. GUM							
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the secretary							Approval Date: 9-23-99						
ite: 💡	- 25 4		Phone: 50		-c1855				1-63				
if this is a cha	nge of operate	or fill in the OGR			previous op	erator	<del></del>		<del></del>	<del> </del>	1	——————————————————————————————————————	
<del></del>	Pretions O	perator Signature				P/ -	4 Na						
		perator Signature	10			A La	d Name	ils	<i>.</i> ⊘1∩	$\mathcal{D}_{\mathbf{C}}}}}}}}} }}} \mathcal{D}_{\mathbf{C}_{\mathbf{C}_{\mathbf{C}_{\mathbf{C}_{\mathbf{C}_{\mathbf{C}_{\mathbf{C}_{\mathbf{C}_{\mathbf{C}_{\mathbf{C}_{\mathbf{C}_{\mathbf{C}_{\mathbf{C}_{\mathbf{C}}}}}}}}} }} \mathcal{D}_{\mathbf{C}_{\mathbf{C}_{\mathbf{C}_{\mathbf{C}_{\mathbf{C}_{\mathbf{C}_{\mathbf{C}_{\mathbf{C}_{\mathbf{C}}}}}}}} } } }$	` (	LOR GG	