State of New Mexico Energy, Minerals and Natural Resources Department

District | PO Box 1980, Hobbs, NM 88241-1980 District II PO Drawer DD, Artesia, NM 88211-0719 District III 1006 Rio Brazos Rd., Aziec, NM 87418 District IV Form C-104
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

OIL CONSERVATION DIVISION
P.O. Box 2088
Santa Fe, New Mexico 87504-2088

AMENDED	DEDODT

PO Box 2068, Santa Fe	, NM 87504-206	38									AMI	ENDED REPOR	
I.	R	EQUES	T FOR A	LLOW	ABLE	AND A	UTHC)RIZAT	TION TO T	RANS	POR	T	
Operator name and Address								,	² OGRID Number				
ARCO Permia									000990				
P.O. Box 1710 Hobbs, New M		40				³ Rea					son for Filing Code		
	PI Number	10				5 Pool Name				CG 01/01/95 6 Pool Code			
					THE TOTAL			4					
	5-26873 perty Code		-			NT YATES 8 Property N			76480 9 Well Number				
_)1515					W.C. ROA				7			
II.		e Location	ion			***************************************			·				
UI or lot no.	Section	Township	Range	Lot. Idn	Feet	from the	North/S	South Line	Feet from the	East/W	est line	County	
K	21	208	37E		1	1980	1	S	1980	W		LEA	
	Bottom	Location	n	<u>-4</u>			L			J			
UL or lot no.	Section	Township	Range	Lot. Idn	Feet	from the	North/S	South Line	Feet from the	East/W	est line	County	
12 Lse Code	13 Producin	ng Method Co	1	Connection D	Date 15	5 C-129 Perr	mit Numt	рег 16	6 C-129 Effective	Date	¹⁷ C-	129 Expiration Date	
P		F		1/01/95									
III. Oil and	d Gas T							1 6/6	<u> </u>				
18 Transporter OGRID			ansporter Nam and Address	.e		20 POD		21 O/G	1	D ULSTR and Desc		on	
009171	4001	PENBROO	GAS CORPORATION PENBROOK SSA, TX 79762					G	K-21-20S-37E				
					33								
													
IV D. I													
IV. Produc	ed Wate	er			24	POD ULST	R Locati	on and Des	cription				
								-	*** r				
V. Well Co	ompletio	n Data											
²⁵ Spud Da	nte	26	Ready Date			27 TD 28			⁸ PBTD		²⁹ Perforations		
³⁰ Hol	le Sie		31 Casing & Tubing Size			32 Depth Set			33	33 Sacks Cement			
- ·													
													
W Wall T	-4 Doto												
VI. Well To		35 Gas Delivery Date 36 Test Date		Date	37 Test Length		38 Tbg. Pressure		³⁹ Csg. Pressure				
⁴⁰ Choke Size		⁴¹ Oil	⁴² Water		er	43 Gas			⁴⁴ AOF		45 Test Method		
46 I hereby certify compiled with and the best of my known Signature:	that the info	rmation giver	en above is true	e and comple	ete to	Approved by	y:		SERVATION		SION		
Printed name:						OSIGNALS STATE OF STATE OF							
KELLIE D. MURRISH Title:						515 A C LAGNERALSON							
ADMINISTRATIVE ASSISTANT						Approval Date: JAN 3 0 1995							
Date: 01/26/95			Phone: 391-10		L								
47 If this is a chan	ige of operat	tor fill in the	OGRID numb	per and name	e of the pre	evious opera	ior						
	Previo	ous Operator S	Signature			Printe	d Name			Title		Date	



OFFICE