

☐ AMENDED REPORT

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

**REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**

CHUZA OPERATING P. O. Box 51010 Midland, Texas 79710		2 OGRID Number 4452
4 API Number 30-005-02674	5 Pool Name Artesia (Q. 66. S.A.)	6 Pool Code 03230
7 Property Code 17731	8 Property Name Welch Western	9 Well Number 002
10 Surface Location		

## II. <sup>10</sup> Surface Location

UI or lot no.	Section	Township	Range	Lot. Idn	Feet from the	North/South Line	Feet from the	East/West line	County
I	09	18S	28E		1650	South	330	East	Eddy

11 Bottom Hole Location

## 11 Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County
<sup>12</sup> Lse Code	<sup>13</sup> Producing Method Code		<sup>14</sup> Gas Connection Date		<sup>15</sup> C-129 Permit Number		<sup>16</sup> C-129 Effective Date		<sup>17</sup> C-129 Expiration Date

### III. Oil and Gas Transporters

" Transporter OGRID	" Transporter Name and Address	" POD	" O/G	" POD ULSTR Location and Description
15694	NAWAJO Ref. Co.	2600710	0	
		2600730	C	

**RECEIVED**

OCT 04 1995

IV. Produced Water

#### IV. Produced Water

11 POD 2600750	12 POD ULSTR Location and Description DIST. 2
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## V. Well Completion Data

<sup>25</sup> Spud Date	<sup>26</sup> Ready Date	<sup>27</sup> TD	<sup>28</sup> PBDT	<sup>29</sup> Perforations	<sup>30</sup> DIIC, DC, MC
<sup>31</sup> Hole Size	<sup>32</sup> Casing & Tubing Size	<sup>33</sup> Depth Set	<sup>34</sup> Sacks Cement		

## VI. Well Test Data

<sup>35</sup> Date New Oil	<sup>36</sup> Gas Delivery Date	<sup>37</sup> Test Date	<sup>38</sup> Test Length	<sup>39</sup> Tbg. Pressure	<sup>40</sup> Csg. Pressure
<sup>41</sup> Choke Size	<sup>42</sup> Oil	<sup>43</sup> Water	<sup>44</sup> Gas	<sup>45</sup> AOF	<sup>46</sup> Test Method

"I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief."

Signature: 

Printed name: Timothy D. Collier

Title: \_\_\_\_\_

Date: 1-1-95

Phone: 915-184-4382

## OIL CONSERVATION DIVISION

**Approved by:**

~~SUPERVISOR, DISTRICT II~~

**Title:**

**Approval Date:**

**JUL 05 1995**

44 If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

**Title**

Date \_\_\_\_\_

Sammy B. Collier Timothy B. Collier - Chiropractic Agent 10-4-95