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Instructions on back priate District Office

OISTRICT II O Drawer DD, Artesia, NM 88211-0719 OISTRICT III			JIL CONSERVATION DIVISANN PO Box 2088 Santa Fe, NM 87504-2088					Submit to	5 Copies	
00 Rio Brazos Rd.,	Aztec, NM 8741	0		,	·				AMENDED REPORT	
STRICT IV Box 2088, Santa F	e, NM 87504-20 REQUE S	88 ST FOR	ALLOW	ABLE AN	D AUTHORIZA	ATIO	N TO I	RANSPOR	T	
			name and Ad	ldress				OGRID	Number	
	AND GAS	CORPORA	MION	TIVE 5-27-97	5-27-97 <i>0.25</i>			Reason for Filing Code		
P O BOX 51311 MIDLAND, TX 79710-1311								CH WIWEffec. 9/1/		
API Number			Pool Nan						Pool Code 03230	
30-015-21		ARTESIA QUEEN GRAYBUR						Well Number		
	017513			-	State Unit TRAC	1 1			001	
	Location	T	Lot.Idn	Feet from the	North/South Line	Feet f	rom the	East/West Line	County	
or lot no Section B 23	n Township	Range 27E	Lot.idn	10	North	1	80	East	Eddy	
	Hole Locat		<u>.l.</u>			1				
or lot no Sectio		Range	Lot.ldñ	Feet from the	North/South Line	Feet f	rom the	East/West Line	County	
B 23	185	27E	·	10	North	25	80	East	Eddy	
se Code Produ	cing Method Coo	de (Gas Connectio	on Date	C-129 Permit Number	r	C-129 Ef	fective Date	C-129 Expiration Date	
- 44	سس					i_				
	Gas Trans				POD	O/G		אוו מספ	TR Location	
Transporter		Transporter Name and Address			POD	0,0			and Description	
OGRID		ald Au	10103							
			•			1				
	<u> </u>									
								. 7	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
		,								
v. Produce	d Water									
POD				Pe	OD ULSTR Location as	nd Descr	ription (*	· · · · · · · · · · · · · · · · · · ·		
V. Well Completion Data Spud Date			dy Date	TD		PBTD		Perforations		
		****	-, 2							
Hole	Hole Size		Casing &	Tubing Size		Depth Set			Sacks Cement	
									11 11 1 3 V	
									9-22-95	
									ong p	
Date New Gil		Gas Delivery Date		Test Date	Test Len	gth		Tbg. Pressure	Csg. Pressure	
Choke Size		Oil		Water	Gas	Gas		AOF	Test Method	
hereby certify that omplied with and th	nat the informatio				C	OIL C	ONSE	RVATION	DIVISION	
pest of my knowledge and belief.					Approved by:	Approved by: SUPERVISOR, DISTRICT II				
ignature:	/ =	5			Approved by.		•	SILVISOR,	DISTRICT II	
rinted Name: RANI	OALL CAPPS	_ <i></i> S			Title:					
itle: PRESIDENT (9		(915)6	583-3171		Approval Date	Approval Date: SEP 1 2 1995				
Date: 8-24-			Phone:	nd name of the	revious operator					
	ge of operator fil			Corporatio						
000817	AII us Operator Sign		<i>7</i> 7	, , .	Printed Name			Title	Date	
Licalo	as operator sign		hR-	1/2/10	M R Good	_	1	Land Sunery		