

### District II

**Instructions on back**

50 Drawer DD, Artesia, NM 88211-8719

**2 CONSERVATION DIVISION**

**Submit to Appropriate District Office**

### District III

**5 Copies**

1000 Rte. Bronze Rd., Aztec, NM 87410

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

#### District IV

☐ AMENDED REPORT

**PO Box 2003, Santa Fe, NM 87504-2003**

**I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**

|                                                                                                            |                                   |                                                                                      |
|------------------------------------------------------------------------------------------------------------|-----------------------------------|--------------------------------------------------------------------------------------|
| * Operator name and Address<br>READY OIL and GAS MANAGEMENT<br>P.O. BOX 202<br>CARLSBAD, NEW MEXICO, 88220 |                                   | * OGRID Number<br>153653                                                             |
|                                                                                                            |                                   | * Reason for Filing Code 12-175<br>Effective Date: 2/1/95<br>(CH) CHANGE OF OPERATOR |
| * API Number<br>30 - 0 15023830001                                                                         | * Pool Name<br>RUSSELL-YATES      | * Pool Code<br>52820                                                                 |
| * Property Code<br>18882                                                                                   | * Property Name<br>TURNER Federal | * Well Number<br>11                                                                  |

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

| U/ or lot no. | Section | Township | Range | Lot/Idn | Feet from the | North/South Line | Feet from the | East/West line | County |
|---------------|---------|----------|-------|---------|---------------|------------------|---------------|----------------|--------|
| N             | 13      | 20S      | 28E   |         | 959           | FSL              | 1669          | FWL            | EDDY   |

### 11 Bottom Hole Location

|               |                               |          |                       |         |                       |                  |                        |                |                         |
|---------------|-------------------------------|----------|-----------------------|---------|-----------------------|------------------|------------------------|----------------|-------------------------|
| UL or lot no. | Section                       | Township | Range                 | Lot Ida | Feet from the         | North/South line | Feet from the          | East/West line | County                  |
| " Loc Code    | " Producing Method Code<br>SI |          | " Gas Connection Date |         | " C-129 Permit Number |                  | " C-129 Effective Date |                | " C-129 Expiration Date |

### III. Oil and Gas Transporters

[illegible]

#### IV. Produced Water

| " POD | " POD ULSTR Location and Description | DIST. 2 |
|-------|--------------------------------------|---------|
|       | 13 NE/SW To 20S - 28E                |         |

### V. Well Completion Data

| " Spud Date | " Ready Date           | " TD        | " PBD          | " Perforations |
|-------------|------------------------|-------------|----------------|----------------|
| " Hole Size | " Casing & Tubing Size | " Depth Set | " Sacks Cement |                |
|             |                        |             |                | Post ID-3      |
|             |                        |             |                | 5-10-96        |
|             |                        |             |                | iche op        |
|             |                        |             |                |                |

## VI. Well Test Data

| " Date New Oil | " Gas Delivery Date | " Test Date | " Test Length | " Tbg. Pressure | " Csg. Pressure |
|----------------|---------------------|-------------|---------------|-----------------|-----------------|
| " Choke Size   | " Oil               | " Water     | " Gas         | " AOF           | " Test Method   |

|                                                                                                                                                                                                                             |  |                                                                   |  |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------------------------------------------------------------|--|
| <p>"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."</p> <p>Signature: _____</p> |  | <p><b>OIL CONSERVATION DIVISION</b></p> <p>Approved by: _____</p> |  |
| <p>Printed name: READY OIL and GAS MANAGEMENT</p>                                                                                                                                                                           |  | <p>Title: <i>SUPERVISOR, DISTRICT II</i></p>                      |  |
| <p>Title: AGENT</p>                                                                                                                                                                                                         |  | <p>Approval Date: _____</p>                                       |  |
| <p>Date: FEBRUARY 1, 1995</p>                                                                                                                                                                                               |  | <p>Phone: (505) 887-5035</p> <p><b>JUN 20 1995</b></p>            |  |

|                                                                                              |                           |                 |               |
|----------------------------------------------------------------------------------------------|---------------------------|-----------------|---------------|
| * If this is a change of operator fill in the OGRID number and name of the previous operator |                           |                 |               |
|           | <u>Collier Pet. Corp.</u> | <u>Operator</u> | <u>5/6-95</u> |
| Previous Operator Signature                                                                  | Printed Name              | Title           | Date          |