

PO Box 2003, Santa Fe, NM 87504-2003

Santa Fe, NM 87504-2088

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☐ AMENDED REPORT

I.

READY OIL and GAS MANAGEMENT P.O. BOX 202 CARLSBAD, NEW MEXICO, 88220		OGRID Number 153653
		Reason for Filing Code 12-1-93 Effective Date: 2/1/95 (CH) CHANGE OF OPERATOR
API Number 30 - 0150239300S1	Pool Name RUSSELL-YATES	Pool Code 52820
Property Code 18882	Property Name TURNER Federal	Well Number 21

II. ¹⁰ Surface Location

Ul or lot no.	Section	Township	Range	Lot Ida	Feet from the	North/South Line	Feet from the	East/West line	County
N	13	20S	28E		959	FSL	2339	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 SI-WFW	" Gas Connection Date			" C-129 Permit Number		" C-129 Effective Date		" C-129 Expiration Date

III. Oil and Gas Transporters

" Transporter OGRID	" Transporter Name and Address	" POD	" O/G	" POD ULSTR Location and Description
015694	NAVAJO REFINING CO. P.O. BOX 159 ARTESIA, N.M. 88210		0	13 NE/SW To 20S - 28E

RECEIVED

JUN 14 1995

IV. Produced Water

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

OIL CON. DIV.
DIST. 2

V. Well Completion Data

" Spud Date	" Ready Date	" TD	" PBDT	" Perforations
" Hole Size	" Casing & Tubing Size	" Depth Set	" Sacks Cement	
				Post ID-3
				5-10-56
				cky up

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

"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: READY OIL and GAS MANAGEMENT

Title: AGENT

Date: FEBRUARY 1, 1995 Phone: (505) 887-5035

OIL CONSERVATION DIVISION

Approved by:

~~SUPERVISOR DISTRICT II~~

Title:

Approval Date: JUN 19 1995

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

Previous Operator Signature

Printed Name _____

Two

Date _____