<u>District I</u> 1625 N. French Dr., Hobbs, NM 88240

State of New Mexico Energy, Minerals & Natural Resources

Form C-104 Revised March 25, 1999

District II 811 South First, Artesia, NM 88210

OIL CONSERVATION DIVISION

Submit to Appropriate District Office

District-III 1000 Rio Brazo District IV	os Rd., Azter	c, NM 87410			0 South	h St Fra NM 87.	ncis	ION	0401		- -	5 Copie
		ta Fe, NM 875 EOUEST		TLOWAB!	LE AN	JD AU'	гнові	[[] 7 ልፕ <u>፲</u>	ON TO TRA			NDED KEI OK
· <u>·</u>		I	Operator n	name and Address	3	(D)	1110		J1 10 112	² OGRID	Numbe	er
		EL FA		GY – RATON, L.L BOX 190 _{8.}	L.C.					³ Reason for		Code
		RAT		W MEXICO 877						Reason for	E	
	API Number -007-20400	}	⁵ Pool Name Castle Rock Park – Vermejo Gas						<u> </u>		6 P	Pool Code 97046
	roperty Code					Property Na	ime			-	, W	ell Number
	25179				VPR 'D'						105	
	Surface L											
UI or lot no. D	Section 12	Township 30N	Range 17E	Lot.ldn	Feet from		North/Sou		Feet from the	East/West 1		COLFAX
		·	17E	į	•	188'	F-1	NL	147'	FWL		COLFAX
UL or lot no.	Bottom H	Iole Locat	Range	Lot Idn	Feet from	m the	North/So	th line	Feet from the	East/West i	Rna	County
D	12	30N	17E		18	188'	FN	NL	147'	FWL		COLFAX
12 Lse Code	13 Producing	g Method Code P	14 Gas	s Connection Date 08/04/03	15 C	C-129 Permi	t Number	,	16 C-129 Effective D)ate	" C-12	29 Expiration Date
- 11				90/94/00								
II. Oil an		ransporter	ransporter	Nouse	- 	²⁰ POI		21 O/G	т	22 POD ULST	TES E OF	
OGRID	er		and Addres	ess						" POD ULST		
180514			NERGY RA P.O. BOX 1	ATON, L.L.C. 190	- lá	28353	582	G				 .
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					125 <u>4</u>	44.41954						
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gur (+4) o c2 Taogan	27 Mg					PARTIES	that the					
			_			ne se in e su in						
and Children						2 T. C. T.	建筑地	10.70				
V. Produ		er			·	** 202 II	T sont	D				
r	מסי					¹⁴ POD UL	STR Local	ion and D	escription			
V. Well C					an must				70 m			
²⁵ Spud 03/13/		1	ady Date /29/03		²⁷ TD 2090'		²⁸ PBT 2020		²⁹ Perforat 1554' – 18			³⁰ DHC, MC
	31 Hole Size		31	Casing & Tubing	Size		33	Depth Set	<u> </u>		4 Sacks	Cement
	11"			8 5/8"				330') sx
	7 7/8"		-	5 1/2"		_		2045'			250	sx
I. Well												
			very Date	³⁷ Test 08/03		j				essure	re ⁴⁰ Csg. Pressure	
N/A 11 Choke		08/04/ 42 Oi		08/03		 	44 Gas		45 AOI	F	 	46 Test Method
FULL 2		N/A				100			\supset	\Box		P
	information giv	ven above is true	e and comple	vision have been contete to the best of my		Approved (1	IL CO	MSPRVATI John	ION DIV	/ISIC	N -
rinted name:	Shirley A. N	vijetheli				Title: DISTRICT SUPERVISOR						
itle:	Senior Spec	ialist					Approval Date: 8/18/03					
ate: 08/08/03	3		Phone: (50	5) 445-6785		7						
If this is a chan	ige of operator	r fill in the OGI	RID numbe	er and name of the	e previous (operator						
	Previous Ope	erator Signature				Printer	d Name			Title		Date