Form C-104 Revised February 10, 1994

Instructions on back

5 Copies

District II 20 Drawer DD, Artesia, NM 88211-0719 OIL CONSERVATION DIVISION District III Submit to Appropriate District Office PO Box 2088 1000 Rio Brazos Rd., Aziec, NM 87410 Santa Fe, NM 87504-2088 District IV PO Box 2088, Sania Fe, NM 87504-2088 ☐ AMENDED REPORT REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Operator name and Address POOL COMPANY TEXAS P O BOX 5208 170966 HOBBS, NM 88241 'Reason for Filing Code
SALVAGE OIL FROM SALT WATER DISPOSAL SYSTEM, APPROX600 BBLS 'API Number Pool Name 30 - 025-23786 Pool Code SWD; SAN ANDRES 96121 Property Code Property Name 00007 ' Well Number STATE "AB" SWD 10 Surface Location II. Ul or lot no. Section Township Range Lot.ldn Feet from the North/South Line | Feet from the East/West line County 198 37E 3 660 NORTH 1980 WEST LEA 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 13 Producing Method Code 11 Lee Code 14 Gas Connection Date " C-129 Permit Number " C-129 Effective Date S SWD " C-129 Expiration Date III. Oil and Gas Transporters "Transporter Name and Address " POD " O/G OGRID 11 POD ULSTR Location and Description 37008 JENEX OPERATING COMPANY 2808464 0 P.O. BOX 308 3-19S-37E HOBBS. NM 88241 Produced Water " POD 14 POD ULSTR Location and Description 2808464 Well Completion Data Spud Date " Ready Date " TD 5-25-71 " PBTD " Perforations 8170 5700 4897-4919 " Hole Size " Casing & Tubing Size " Depth Set " Sacks Cement 11 8 5/8 1680 475 7 7/8 5 1/2 7045 725 VI. Well Test Data Date New Oil " Gas Delivery Date " Test Date " Test Length " Tbg. Pressure " Cag. Pressure N/A " Choke Size 4 Oil 4 Water 4 Gus " 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 OIL CONSERVATION DIVISION Signature 4 eeman Dou Printed name: FREEMAN YOUNG Tide: OG FIELD REPRESENTATIVE II/STAFF MANAGER Title: FIELD SUPERVISOR Approval Date: Date: 5.7. -04 Phone (505) 392-2577 of 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