District I ... PO Box 1980, Hobbs, NM 88241-1980 District II

State of New Mexico
Energy, Minerals & Natural Resources Department

Form C-104 Revised October 18, 1994 Instructions on back
Submit to Appropriate District Office

811 South First, Artesia, NM 88210

OIL CONSERVATION DIVISION

District III 1000 Rio Brazo	s Rd., Aı	tec, NM 87410	 D		0 South ta Fe, N						_	5 Copi		
District IV 2040 South Paci T	heco, Sar	in Fe, NM 87	505 CT FOD A	T T () 337 A T		ITS A T T	TTION	יים א כחיו				ENDED REPOR		
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NABORS WELL SERVICES LTD											70966			
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	HOB	BS, NM 8	88241									PROX 600 B		
	PI Numi			<sup>5</sup> Pool Name								Pool Code		
<b>30 - 0</b> 25			S	SWD; SAN ANDRES					96121					
	operty C	ode	<sup>6</sup> Property Name						* Well Number			ell Number		
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UL or lot no.	or lot no. Section Town				Feet from the		North/South line		Feet from the	East/West line		County		
12 Lse Code	13 Prod	ucing Method	Code Gas	Connection Da	te <sup>15</sup> C	-129 Perm	t Number		C-129 Effective	Date	" C-	129 Expiration Dat		
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		s Transp									<u> </u>			
" Transpoi OGRID	rier		" Transporter Name and Address				POD <sup>21</sup> O/G			22 POD ULSTR Location and Description				
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<b>2</b> 8084	64					1000	SIK LOCE	tion and t	rescription					
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25 Spud Date 2			Ready Date "TD				» PB	TD	" Perforations " DHC, D			DHC, DC,MC		
5-25-71				8170			5700		4897-492					
31 Hole Size		12 Casing & Tubing Size			33 Depth Se			t		<sup>™</sup> Seci	s Cement			
11		8 .		168					475					
/	7 7/8		5 1/2					5	725		5			
·														
I. Well	Test 1	Data					<del></del>							
B Date No	3 Date New Oil 36 Gos		Delivery Date	Pelivery Date " Test			<sup>33</sup> Test Length		. " Thg. Pr	contre	oure Csg. Pressure			
	N/A													
	41 Choke Size				Water		44 Gas		<sup>6</sup> AOF			* Test Method		
I hereby certification in the control of the certification of the cer	fy that the	rules of the O	il Conservation D	ivision have bee	n complied			7 00						
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ignature:	Tre	man	Do	m &		Approve	l by:	aui.	W. Win	S				
rinted name: FREEMAN YOUNG							Title:							
itle:			SUPERINT	ENDENT	Approval Date: OC FIELD REPRESENTATIVE II/STAFT MANAGE						WANA GENOR			
	106	والمستحدثات	Phone: (	505) 392	-2577					•	- 30	14 O O ZUUU		
If this is a d	hange of	operator fill is	the OGRID nu	mber and name	of the prev	ious opera	tor							
	Previous	s Operator Si	maiure	<del></del>	<del> </del>									
		ivenne Of				Printe	d Name -			T	ltle	Date		