District I PO Box 1980, Hobbs, NM \$8241-1980

District II
PO Drawer DD, Artesia, NM 88211-0719

Form C-104 Revised February 21, 1994 Instructions on back

State of New Mexico
Energy, Minerals & Natural Resources Department

Submit	to	Appropriate	District	Office
			_	Copies

District [[]		(OIL CON	PO Bo	x 2088	1	ON	Subt	nit to Appr	opriate District Offic	
1000 Rio Brazos Rd., Azt District [V	ec. NM 87410		Santa	Fe, NN	4 8750	4-2088			<u> </u>	AMENDED REPOR	
PO Box 2088, Santa Fe, 3	M 17504-2088 REQUEST	FOR A	LLOWA	RIFAI	ND AT	THOP	17 A T	ION TO TI			
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Union Oil Company of Calif P.O. Box 671						ornia			3710	1	
P.O. Box 671									Reason for Filing Code		
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30-041-202	<u>Hui</u>	it San Andres (Assoc				izted 06880					
Property Code OII 459		Federal			Property Name					' Well Number	
	Location			<u> </u>	10					<u> </u>	
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11 Bottom	Hole Loca			6	60	Sou	.th	1480	east	Koosevelt	
UL or lot so. Section	Township	Range	Lot Ida	Feet from	n the	North/Sou	ith line	Feet from the	East/West li	De County	
	1										
12 Lee Code 13 Produ	cing Method Code	: '4 Gas	Connection Da	te '' C	-129 Perm	it Number	'•	C-129 Effective I	Date 17	C-129 Expiration Date	
III. Oil and Gas											
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IV. Produced W	ater										
7.764 7				_	rob ut	STR Locatio	s and De	scription			
V. Well Comple											
¹¹ Spud Date		M Ready Date			" TD		* P817D		Perforations		
M Hole Size		³¹ Casing & Tubing S		g Size	Size ¹² Depth Set				¹⁰ Sacks Cement		
				 						CLUCKE.	
· <u>-</u>											
UT WINT B											
VI. Well Test D	ata	ery Date	<u> </u>	t Date		77.1	1	.			
	32.2	, Date	103	u Date		Test Lengt	Lb.	™ Tbg. Pre	Mure	M Csg. Pressure	
"Choke Size	" Oi	l	4 W	aler		" Gas		" AOF		* Test Method	
" I hereby certify that the n	ules of the Oil Con	servation Di	Vision have been	a complet							
with and that the information knowledge and belief.	given above ill tr	ue and comp	lete to the best	of my				SERVATI		- 11	
Signature Charle	tte Bee	10m			Approved	by:		longn i d Biolog i bli		NION	
Provided and 1						Title					
Ink Drla Clerk					Approval Date:						
Date 3-29-936		Phone 919									
If this is a change of op	erator fill in the C	KRID num	ber and name	of the previ	ous operat	or			-		
Previous	Operator Signatur	ę			Printed	Name			Title	Date	