Descrict I PO Box 1980, Hobbs, NM 88241-1960 District II PO Drawer DD, Artesia, NM 88211-071	_	State of New Mexico ergy, Minerals & Natural Resources Department OIL CONSERVATION DIVISION				Form C-104 Revised February 10, 1994 Instructions on back		
District III 1000 Rio Branos Rd., Axtee, NM 87418 District IV		PO Box 2088 Santa Fe, NM 87504-2088				Submit to Appropriate District Office 5 Copies		
PO Box 2083, Santa Fe, NM \$7504-2083	I						MENDED REPORT	
I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT Shackliford Oil Company 70600000000000000000000000000000000000								
P.O. BOX 101	LU595							
Wichana, 12 79702 CO 81119							11/94	
30-025-30694	LUSK	Delai	Nace	WES	,t	41	Proj. Code	
15901	M	ΛI_{-} I_{-}	Toperty Name				'Well Number H Z	
II. ¹⁰ Surface Location Ut or lot no. Section Township	II. Sufface Location							
L 21 195	Range Lot. Id 32E	In Feet from		h/South Line	Feet from the	East/West I	Le County	
11 Bottom Hole Lo UL or lot no. Section Township	T			500111		1100	Ita	
L 21 195	BZE	dn Feet froi	in the Nor	th/South line	Feet from the 220	East/West H	ne County	
¹² Lae Code ¹² Producing Method (ode "Gas Connec	tion Date "C	-129 Permit Nun	aber	" C-129 Effective	Date "	C-129 Expiration Date	
III. Oil and Gas Transpo			<u> </u>					
OGRID	' Transporter Name and Address		²⁹ POD ²¹ O/G ²² POD ULSTR Location and Description					
0 74 20 Kelly M Service	SUNC. 8	Oilfield	81725	30	E,Sec			
P.O.Box	550, 1-100	Kin			0,54		R-32-E	
IV. Produced Water								
"POD "POD ULSTR Location and Description								
V. Well Completion Data								
¹³ Spud Date	²⁴ Ready Date		" TD		" PB1D		" Perforations	
' " Hole Size	³⁴ Casing &	Tubing Size	ze ³¹ Depth Set			³³ Sacks Cement		
Freective	b Dald	00		- 1				
	e l'afre		Flugu	<u>St</u>	-1994	0		
VI Well The D								
VI. Well Test Data ¹⁴ Date New Oil ¹⁴ Gas De	tivery Date	* Test Date	" Test					
			" Test	Length	³⁴ Tbg. Pre	sure	" Cag. Pressure	
	Oil	4 Water) ⁽¹	3 45	" AOF		4 Test Method	
Signature:					CONSERVATION DIVISION			
Printed name: DON G.	Title: DISTNEL OF SUPERVISOR							
Title: Owner			Approval Date:					
Date: <u>129</u> [90] " If this is a change of operator fill in th	Phone: GIST	82-9784						
" 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								