District I

Previous Operator Signature

State of New Mari

-104 1994 back office

pies ORT

| PO Box 1980, Hobbs, NM 88241-1980 District II PO Drawer DD, Artesia, NM 88211-0719 | | ı | State Of New Mexico Energy, Minerals & Natural Resources Department | | | | | Form (Revised February 10, Instructions on | | | | | | |
|--|---------------------|--|---|----------------------------|---------------|--------------------------------|---------------------------------------|---|--------------------|---------------------------------------|--|--|--|--|
| | | 719 | | | | | | | | | | | | |
| District [II] | | OIL CON | SERVATIO PO Box 20 | N DIVI | SION | Submit to Appropriate District | | | | | | | | |
| 1000 Rio Brazos Rd., A District IV | 0 | Santa Fe, NM 87504-2088 | | | | | 5 0 | | | | | | | |
| PO Box 2088, Santa Fe | NM 87504-20 | 88 | | • | | | | |] AM | ENDED REI | | | | |
| I. | | | ALLOWA | BLE AND | AUTHO | RIZAT | τον το τ | 'R A NS | TROUS | • | | | | |
| | | Operator | name and Addre | 14 | | | | | RID Numb | | | | | |
| | | | | | | 018703 | | | | | | | | |
| Raplh E. | | | | ' Reason for Filing Code | | | | | | | | | | |
| c/o Oil Reports | & Gas Serv | rices, Inc | ., P. O. Box | 755, Hobbs, | New Mex | i.co 8824 | | | | | | | | |
| ⁴ API Num | | ⁵ Pool Name | | | | | CH Pool Code | | | | | | | |
| 30 - 025-32297 | | Bowers, Seven Rivers | | | | | | 1 | | | | | | |
| Property C | * Property Name | | | | | | 7220 * Well Number | | | | | | | |
| | 14210 | | | Quarry | · | | | | | 1 | | | | |
| | e Locatio | | | | | | | <u> </u> | | | | | | |
| Ul or lot no. Section | Township | Range Lot.ldn | | Feet from the | North/ | South Line | Feet from the | East/West line | | County | | | | |
| L 19 | | | | 1980 | Sc | outh | 890 | W | West Le | | | | | |
| DOLLO | n Hole Lo | | | | | | | · | 000 | Lea | | | | |
| UL or lot no. Section | Township | Range | Lot Idn | Feet from the | North/ | South line | Feet from the | East/W | East/West line Cou | | | | | |
| L 19 "Lee Code "Prod | 18S | 38E | | 1980 | So | uth | 890 | l w | est | Lea | | | | |
| P | ucing Method (| Ga '' Ga | s Connection Date | ¹⁵ C-129 Pe | rmit Numbe | · ' | C-129 Effective | Date | | 9 Expiration De | | | | |
| | | | | | | | | | | | | | | |
| II. Oil and Ga | | | . N. | | | | | | | | | | | |
| OGRID | | Transporter Name ¹⁶ POD and Address | | | | 11 O/G | 2 POD ULSTR Location | | | | | | | |
| | fining | Co. | 281 | 2011751 | | | and Description | | | | | | | |
| and the second of the second o | x 159 | 000±0 | 68 8 m. m. m. | 2811251 0 | | | L-19-18S-38E | | | | | | | |
| | Artesia, | New Mex | ico 88210 | State of the second second | | | | | | | | | | |
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| ^B POD | | | | H POD II | Letto L | | | | | | | | | |
| 2811253 | | | | POD U | LSTR Locati | on and De | eription | | | | | | | |
| Well Comple | tion Data | | | | | | | | | | | | | |
| " Spud Date | | 14 Ready Da | nle | " TD | | | и РВТО | | | | | | | |
| | | · | | | | | | | 2º Perforations | | | | | |
| M Hole Size | | 31 C | asing & Tubing S | ize | | | | 33 Sacks Cement | | | | | | |
| | | | | | | Pepth Set | | | Sacks Co | ment | | | | |
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| . Well Test Da | | B | r | | | | · · · · · · · · · · · · · · · · · · · | " | | | | | | |
| 3-4 New O2 | M Gas Delivery Date | | * Test D | ale | " Test Leng | th. | H Tog. Pressure | | " Cag. Pressure | | | | | |
| " Choke Size | 41 | 211 | | | | | | | | | | | | |
| ** Choke Size | | Ju | ⁴ Water | | 4 Gas | | "AOF "Test M | | est Method | | | | | |
| hereby certify that the ru | es of the O'L C | | | | | | | | | | | | | |
| ···· / *** wif was use to | given above is t | mservation Div | isjon/have been con ete to the best of m | mplied | OII | CONT | CD114 | | | | | | | |
| and and the control of | | b)/?/ | // | | | | SERVATIO: | | | 1 | | | | |
| wledge and belief. | 11 | | 1 | Approved | by: Of | IGITIAL | T TO CHAINERS | -89 r 5 | NOTE | | | | | |
| wledge and belief. | w X | <u>ie Ce</u> | | II '' | - | | | Title: Falancia Storakvisor | | | | | | |
| wledge and belief. | (4 | <u> Le le</u> | | | | En:2 | COLLY SUFER | VISOR | | | | | | |
| wledge and belief. Lature: Laren Ho | (4 | L.C. | | | ***** | En2 | | VISOR | - a 200 | | | | | |
| wledge and belief. Lature: ACC. ted name: Laren Ho | (4 | Phone: (505 | 5) 393-272 | Title: | ***** | MAY I |) 4 1994 | VISOR | - <u> </u> | | | | | |

Printed Name

Title

Date