

State of New Mexico
Energy, Minerals & Natural Resources Department

☐ AMENDED REPORT

OIL CONSERVATION DIVISION
2040 South Pacheco
Santa Fe, NM 87505

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

| | | |
|---|--|--|
| ¹ Operator name and Address ARCO Permian P.O. Box 1089 Eunice, NM 88231 | | ² OGRID Number 000990 |
| | | ³ Reason for Filing Code Add Gas POD 11/00 |
| ⁴ API Number 30-0 30-025-08895 | ⁵ Pool Name EUMONT YATES SRQ | ⁶ Pool Code 76480 |
| ⁷ Property Code 001525 | ⁸ Property Name STATE 157 D | ⁹ Well Number 7 |

II. ¹⁰Surface Location

| | | | | | | | | | |
|---------------|---------|----------|-------|----------|---------------|------------------|---------------|----------------|--------|
| UL or lot no. | Section | Township | Range | Lot. Idn | Feet from the | North/South Line | Feet from the | East/West line | County |
| N | 12 | 22S | 36E | | 330 | S | 2310 | W | 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 |
| 12 Lse Code S | 13 Producing Method Code F | 14 Gas Connection Date 11/16/00 | 15 C-129 Permit Number | 16 C-129 Effective Date | 17 C-129 Expiration Date | | | | |

III. Oil and Gas Transporters

[illegible]

IV. Produced Water

| | | | | | | | | |
|----|-----|--|--|--|--|--|--|--|
| 23 | POD | | | | | | | |
| | | | | | | | | |

V. Well Completion Data

| | | | | | |
|-------------------------|------------------------------------|-------------------------|--------------------|----------------------------|---------------------------|
| ²⁵ Spud Date | ²⁶ Ready Date | ²⁷ TD | ²⁸ PBTD | ²⁹ Perforations | ³⁰ DHC, DC, MC |
| ³¹ Hole Sie | ³² Casing & Tubing Size | ³³ Depth Set | | ³⁴ Sacks Cement | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

VI. Well Test Data

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|----------------------------|---------------------------------|-------------------------|---------------------------|-----------------------------|-----------------------------|
| ³⁵ Date New Oil | ³⁶ Gas Delivery Date | ³⁷ Test Date | ³⁸ Test Length | ³⁹ Tbg. Pressure | ⁴⁰ Csg. Pressure |
| ⁴¹ Choke Size | ⁴² Oil | ⁴³ Water | ⁴⁴ Gas | ⁴⁵ AOF | ⁴⁶ Test Method |

| | | |
|---|--|---|
| 47 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 knowledge and belief. Signature: <i>Kellie D. Murrish</i> Printed name: KELLIE D. MURRISH Title: Sr. Administrative Assistant Date: 01/23/01 Phone: 505-394-1649 | | OIL CONSERVATION DIVISION Approved by: Title: Approval Date: JAN 21 2001 |
|---|--|---|

⁴⁷ 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 |
|-----------------------------|--------------|-------|------|