Energy, Minerals & Natural Resources Department

Revised February 10, 1994

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UL CONSERVATION DIVISION

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	Instru	ctions on bac
Submit to	Appropriate	District Offic
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. strict III 1900 Rio Brans District IV	Rd., Aziec,	NM 87410	PO Eux 2088 Santa Fe, NM 87504-2088					5 Copies AMENDED REPORT					
PO Box 2008, Se I.			Γ FOR A	I.I.OWAF	RIEAN	ID ATI	THODI	! ፖል ጥ	וראז דר מיז		-		
Operator name and Address							111010	ZAI		er .			
SOUTHWEST ROYALTIES, INC P.O. BOX 11390											21355		
MIDLAND, TEXAS 79702								17-7	request to sell 175 bbls of skim oil form SWD facility				
*API Number 30 - 025-23664 SWD, SEVEN						Pool Name RIVERS-QUEEN				Pool Code			
· ·	operty Code			-		operty Name			···	96132 ' Well Number			
	624	Location	CITIES FEDERAL					1					
Ul or lot no.	Section	Township	Range	Lot.Idn	Feet from	the	North/Sou	th Line	Feet from the	East/We	et line l	County	
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	Sottom I	Hole Loc	ation		<u> </u>								
UL or lot me.	Section	Township	Range	Lot Ida	Feet from	the	North/South line		Feet from the	East/We	st line	County	
12 Lee Code	^D Produci	ng Method Co	ode ¹⁴ Gas	Connection Dat	le "C-	129 Perm	it Number	1	C-129 Effective	Date	" C-1	29 Expiration Date	
III. Oil a	nd Gas '	Francoor	ters					<u> </u>					
Transpor			Transporter !		 -	¹⁰ PO	D T	и O/G		POD UL	STR 1A	celion	
OGRID		ENEY OD	and Address ERATING	· · · · · · · · · · · · · · · · · · ·		102 0,0			and Description				
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VIOLATINE NO. 2000 100													
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IV. Produ	iced Wa	ter											
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	™ Hole Size		31.0	Carlon & Tub!	- 61								
			34 Casing & Tubing Size			²¹ Depth Se				···	²⁰ Sacks Cement		
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	Test Da	ita											
^M Date N	ew Oil	^M Gas D	Delivery Date	× Te	nt Date		" Test Len	gth	" Tog. P	ressure		³⁰ Cag. Pressure	
* Chok	4 Choke Size		" Oil .	4 Water		⁴ Gas		4 AOF			4 Test Method		
"I hereby certi- with and that th	fy that the ru	les of the Oil	Conservation D	ivision have bee	on complied		^						
with and that the information given above is true and complete to the best of my knowledge and belief.							OIL CONSERVATION DIVISION						
Signature: Kate Ulifin						Approved by: ORIGINAL SIGNED BY JERRY SEXTON							
Printed name: KATE ELLISON						Tide: DISTRICT I SUPERVISOR							
Title:	REGULAT	REGULATORY ASST				Approval Date: MAY 04 1035							
Date: 4-5	17-95		Phone (91						NOV				
" If this is a c	kange of ope	erator fill la t	he OGRID nu	mber and name	e of the prev	ious opera	tor						
	Previous (Operator Sign	ature			Print	ed Name		<u> </u>	Tie	le	Date	