District I PO Box 1980, Hobbs, NM 88241-1980 District II

NO Drawer DD, Artesia, NM 88211-0719

Distract III

State of New Mexico

Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

OIL CONSERVATION DIVISION PO Box 2088

1900 Rio Brazos District IV				Santa I	Fe, NM	8750	4-2088				AME	ENDED REP	ORI
PO Box 2008, S.	ION TO TI	ON TO TRANSPORT											
CONOC	CO INC.		•	ame and Address	•			_			ID Numb)05073		_
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4A 30 - 0 25-	API Number -30995		AADREN T	DRINKARD	4	Pool Nam	Pool Name					Pool Code 33080	
	roperty Code		MIMION -	WINNER		perty Name			-		dl Number		
	003122	1	WARREN UNIT								• .	96	
		Location											
Ul or lot no.	Section 28	Township 20S	Range 38E	Lot.lda	Feet from		North/Sou SOUTH		Feet from the 813	East/W EAS	cst line	County LEA	
		Hole Loc		1	4.10)()	300111		OTO	121	31	LILLA	
UL or lot no.		Township		Lot Idn	Feet from the		North/South line		Feet from the	East/W	est line	County	
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" Lac Code F	13 Products	ing Method Co F	ode 14 Gas	s Connection Dat	re n. C-	-129 Perm	nit Number	"	C-129 Effective	Date	" C-1	129 Expiration D	ale
	nd Gas	Transport	ters					1;			<u></u>		
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IV. Produ	uced Wa				\$3000					1			····
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2313		F	20 200	5 38E F			·	-	·			·	
V. Well (ion Data											
- Sp i	oud Date		¹⁴ Ready D)ate		" TD			¹¹ РВТО	1	P	Perforations	
	" Hole Size		³¹ Casing & Tubiz		ag Size	g Size		Depth Set	1		¹¹ Sack	s Cement	
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							,						
Wall	Tot De	 				Щ_		 					
VI. Well ** Date N	Test Da		Delivery Date	× Te	est Date		" Test Leng	eth	H Tbg. Pr	ressure		37 Cag. Pressure	
							- ·						_
* Chok	e Size	41	" Oil	4 V	Water		43 Gas		4 AOF			4 Test Method	
# 1 hereby cert	is that the n	1 of the Oil (Consequation	Division have bee	lied				<u></u>		<u></u>		
	he information			mplete to the best			OII	L CO	NSERVAT	ION E	IVISI	ON	
Signature;	2/11	PX:	2	10cm	1	Approve	ed by:	· • • •	M SIGNED!	ďΛ			
Printed name:	BILL	R. KEAT	PHLY			Title:	_	A llen Og	A MONEU	D.			
Title: SR.		ATORY SP	·			Approv	Approval Date: AUG & 7 1953						
Date:	8-27-		Phone:	(915) 686	6-5424								
" If this is a c	change of ope	erator fill in th	he OGRID no	umber and name	of the previ	ious oper	alor						
	Previous (Operator Signa				Print	ted Name			T	tie .	Date	_
Á		· P				•							1