## State of New Mexico Er J, Minerals and Natural Resources Department

PO Box 1980, Hobbs, NM 88241-1980 District II PO Drawer DD, Artesia, NM 88211-0719 District III

## OIL CONSERVATION DIVISION P.O. Box 2088

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

1990 Rio Brazos Rd., A: District IV PO Box 2098, Santa Fe,			Sa	ınta Fe, N	New Mexico 8	37504-208	88		Г	1 AME	ENDED REPORT	
I.			FOR A	ALLOWA'	BLE AND A	UTHOR	tIZA7	TION TO TI	RANS	-		
			ator name an						OGRID N			
ARCO Permia										00990		
P.O. Box 1710 Hobbs New M		- 44					•	3 Res		r Filing Co	ode	
Hobbs, New M	Mexico 8824 API Number				5 Pool Na	leme		<u></u>	CG U	01/01/95 6 Pe	Pool Code	
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	5-04710 operty Code				8 Property N			<del></del>	+		76480 Vell Number	
·	01526				STATE 1						4	
II.	Surfac	ce Location	'n							******	***************************************	
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S		F		1/01/95			<u></u>		-	<u> </u>		
III. Oil and	d Gas T				~ DOI	Г 2	2/2	77 DC	777 07	at		
18 Transporter OGRID			nsporter Name ad Address	e	20 POD		21 O/G		and Desc	TR Locatio scription	on	
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IV. Produc		ter			The state of the s	A 7 34 45 Sec. 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
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Well C	¹nlati	Data										
V. Well Co			Ready Date		27 TD		2	<sup>28</sup> PBTD	—	29 Pe	erforations	
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30 Ho	ole Sie		31 Casing	ng & Tubing Size	.e	32 Depth	n Set		37	<sup>33</sup> Sacks Ce	ement	
			<u> </u>									
VI. Well To												
34 Date New O	Sil 3	35 Gas Delivery	y Date 36 Test Date		e 37 7	<sup>37</sup> Test Length		38 Tbg. Pressure	;	39 Csg. Pressure		
<sup>40</sup> Choke Size		<sup>41</sup> Oil		<sup>42</sup> Water	Cartina and Annual Cartina and A	<sup>43</sup> Gas		<sup>44</sup> AOF		<sup>45</sup> T	Test Method	
46 I hereby certify compiled with and the best of my kno	d that the info	formation given : d belief,	above is tru	ue and complete	been e to Approved i		CON	NSERVATION	N DIV	TSION	1	
Signature: Printed name:	Mu	W. 714	June	<u>s</u>		HOINAL SIC	The state of the same of	BY TERRY SEXT	TON			
KELLIE D. M	<b>URRISH</b>				Title:		CF 15	SUPERVISOR				
Title: ADMINISTRA	TIVE ASS		Approval I	Date:	IAN S	3 <b>0</b> 1995						
Date: 01/26/95			Phone: 391-1			5 6 1000						
A		ator fill n the C			of the previous open	rator						
	Denti	ious Operator Si			Dric	stad Name			Title		Date	