District 1

PO Box 1980, Hobbs, NM 88241-1980

District II

811 S. 1st Street, Artesia, NM 88210-2834 District III

1000 Rio Brazos Rd., Aztec, NM 87410

District IV PO Box 2088, Santa Fe, NM 87504-2088 State of New Mexico
E. gy, Minerals & Natural Resources Department

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

OIL CONSERVATION DIVISION P.O. Box 2088 Santa Fe, NM 87504-2088

MENDED REPORT

I.	•		ST FOR A	ALLOWAI	BLE	AND A	UTHC)RIZA	TION TO T			Γ
¹ Operator name and Address										OGRID		
Chevron U.S		٥.									4323	
P.O. Box 11		_							1		r Filing Co	
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12 Lse Code	13 Produ	cing Method Co	ode 14 Gas	Connection Date	15	5 C-129 Perr	mit Numb	per 1	C-129 Effective	Date	1 17 C-1	29 Expiration Date
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III. Oil and	d Gas '	Transport	ers					,			.1	
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IV. Produc	ed Wa	ter			- Bitters				i—————————————————————————————————————			
²³ POD					24	POD ULST	rR Locatic	on and Des	eription			
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V. Well Co	omplet	ion Data							· ····································			
²⁵ Spud Da	ate	26	Ready Date		2	²⁷ TD		2	PBTD	\neg	²⁹ Per	forations
20 27									=			
³⁰ Ho	le Sie		31 Casing	31 Casing & Tubing Size			³² De	epth Set		3.7	33 Sacks Cer	ment
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VI. Well Te	art Dat											
34 Date New O		35 Gas Deliver	ry Date	³⁶ Test Date		37 T	est Length	h	38 Tbg. Pressure		39 C	sg. Pressure
			Ĭ			1031 Dongsin			· · · · ·	´		ig. Freesoure
40 Choke Size		⁴¹ Oil		42 Water		4:	³ Gas		⁴⁴ AOF		45 T ₄	est Method
				******			Gas		VOI.		10	st Methoa
⁴⁶ I hereby certify	that the IL	ulas of the Oil (Concervation 1	Division have he		<u></u>						
complied with and	that the int	iformation giver	n above is true	e and complete to	o I				NSERVATION			
the best of my know	Disclar.	, .	- 1 ,	Approved by	y: 🗀		4		WC DC			
Printed name:		Mary	<i>¥</i> -			Title:		· · ·				
J. K. RIPLEY U						Title.						
Title: TECHNICAL ASS	CICTANT	,				Approval Da	ate:		1 +			
Data	3131ANI 10/1/96		Phone: (0	915)687-7148	_			<u> </u>	l i	<u>- </u>		
	(9											
47 If this is a chan	nge of oper	ator fill in the	OGRID numb	er and name of t	he prev	ious operate	or					
	Prev	vious Operator	Signature			Printe	d Name			Title		Date
										*		2