State of New Mexico E 29, Minerals and Natural Resources Department

District I
PO Box 1980, Hobbs, NM 88241-1980
District II
PO Drawer DD, Artesia, NM 88211-8719
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

1900 Rio Brazos Rd., A District IV			Santa Fe, New Mexico 87504-2088								│ AMF	ENDED REPOR
PO Box 2088, Santa Fe,			ፐ ፑ ∩R /	ALLOWAB	ale,	AND A	ттно	RIZA'	TION TO	TRAN		
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P.O. Box 1710)								3	Reason for	_	ode
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4 A	API Number		5 Pool Name									Pool Code
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_	perty Code		i .			Property N ODMAN J					У т т	Vell Number
II.	01495 Surfac	ce Location										
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	Bottom	Location										
UL or lot no.	Section	Township	Range	Lot. Idn	Feet fr	t from the North/Sout		outh Line	Feet from the	East/	/West line	County
12 Lse Code	13 Droduci	ng Method Co	-da 14 Gas	s Connection Date	15	C-129 Per	-mit Numb	·ar	16 C-129 Effect	tive Date	1 17 C-	-129 Expiration Date
¹² Lse Code P	15 Production	ng Method Co F	l	s Connection Date 05/09/ 96	<i>'</i>	C-12>	Mil Iven	² r	U-127 Ditter	146 Par	-	127 Баричноп
III. Oil an	d Gas J			3147170					<u></u>			
18 Transporter	u Gas _	19 Trai	ansporter Nan	me	\top	20 POD	,	21 O/G	22	POD ULS		ion
OGRID	CDI		and Address		+	447993			3320.04		escription	
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IV. Produc	ced Wat	ter			24	POD ULS	To Locati	on and Dr	intion			
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V. Well C	'amnleti	n Data										
V. Well C	OHIPICE.	Oli Data	6 Ready Date	,	7	²⁷ TD	$\overline{}$		²⁸ PBTD		29 Pr	erforations
•												
30 Ho	ole Sie		31 Casir	ing & Tubing Size	-	32 Depth Set					33 Sacks C	l'ement
VI. Well T												
34 Date New 6		35 Gas Deliver	ry Date	Date 36 Test Date		³⁷ Test Leng		h	38 Tbg. Pres	sure	39 (Csg. Pressure
40 Choke Size	40 Choke Size 41 Oil			42 Water		⁴³ Gas		44 AOF		⁴⁵ Test Method		
46 I hereby certif	fy that the ru	les of the Oil	Conservatio	on Division have b	been		O ,	n CO	NSERVATI	ON DI	VISIO	N
compiled with and the best of my kn	d that the introveledge and	ormation give	en above is tr	rue and complete	- 4	Approved !			SINAL SIGN		V	•
Signature:	ruice	7.6	Juse	sh	_	GARY WINK						
Printed name: KELLIE D. N	-amplich	,				Title:		F	FIELD REP.	il		-
Title:					1	Approval Date: MAY 15 1996						
ADMINISTRA Date:	ATTVE ASS	SISTANT	Phone:						<u> </u>	AY +J	1000	
05/13/96			391-	1-1649								
47 If this is a ch	ange of oper	rator fill in the	e OGRID nur	imber and name of	f the pr	revious oper	rator			<u>-</u> -	_	
	Prev	vious Operator	r Signature			Prin	nted Name			Tit	ıtle	Date

