State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

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

DISTRICT IV P.O. Box 2088, Santa Fe, NM 87504-2088 P.O. Box 2088 Santa Fe, New Mexico 87504-2088

AMENDED REPORT

P.O. Box 2088, Santa Fe,].	REC	QUEST F	OR ALLO	WABL	E AND A	UTHOR	IZATIO	N TO TRANSF		AWEND	ED REPORT	
¹ Operator Name and Address TEXACO EXPLORATION & PRODUCTION INC.								² OGRID Number 022351				
P.O. BOX 730, HOBBS, NM 88240								³ Reason for Filing Code RT FOR FEB, 1995 FOR 10220 BBL				
						Pool Name S; BONE SPRINGS, SOUTH			⁶ Pool Code 53805			
15704						roperty Name ⁹ Well No. '31' FEDERAL 1						
1. Surface Locat	ion					LULINAL						
UI or lot no. Section D 31	Township 23-S	Range 32-E	Lot.ldn	Feet	From The 660	North/South Line		Feet From The 660			County LEA	
Ul or lot no. Section		r										
Ul or lot no. Section	Township	Range	Lot.ldn	Feet	From The	North/So	outh Line	Feet From The	East/We	est Line	County	
¹² Lse Code ¹³ Produc F	cing Method Code F	1	onnection Date 2/22/95	15	C-129 Permit	Number	¹⁶ (C-129 Effective Date	I	¹⁷ C-129 I	Expiration Date	
II. Oil and Gas Tr	ansporters	····		·····	<u>.</u>				<u> </u>			
¹⁸ Transporter ¹⁹ Transporter Name 20 OGRID and Address 20							²¹ O/G	22 POD ULSTR Location				
022507	TEXACO TRADING & TRANSPORTATION P.O. BOX 60628 MIDLAND, TX 79711					396	0	and Description D-31-23S-32E LEA COUNTY, N.M.				
032109	HADSON G				28143	91	G	D-31-23S-32E LEA COUNTY, N.M.				
			NM 00240								·	
											*, <u>, , , , , , , , , , , , , , , ,</u>	
Produced Wate	r	·····										
2814398						ULSTR Lo		Description JNTY, N.M.				
Well Completion										·		
²⁵ Spud Date		²⁶ Ready Date			²⁷ Total Depth			²⁸ PBTD		²⁹ Perforations		
³⁰ HOLE SIZE		³¹ CASING & TUBING SIZE				³² DEPTH SE		- 33		³ SACKS CEMENT		
								· · · · · · · · · · · · · · · · · · ·				
Well Test Data												
³⁴ Date New Olf	³⁵ Gas Delivery Date			Date of Test		³⁷ Length of Test		³⁸ Tubing Pressure		39 Casing Pressure		
40 Choke Size	41 Oil - Bbls.		⁴² Wate	⁴² Water - Bbls.		⁴³ Gas - MCF		44 AOF		45 Test Method		
I hereby certify that the rule Division have been complie is true and complete to the	ed with and that the in	formation give	ration n above		Ar	proved		ONSERVAT	ION DI	VISIOI	N	
gnature Month	rte C. Duncan					Q2)	Še S., -		SSXTC SOR	N		
inted Name Mo												
					۸-	nroual F)oto:		1305			
le Engr Asst		Telephon	ie 397-	-0418	Ap	proval C	Date:		13-5			
tle Engr Asst	fill in the OGRID n					proval [Date:		1395			

DeSoto/Nichols 10/94 ver 2.0