District I PO Box 1980, Hobbs, NM 33241-1980 District II PO Drawer DD, Artesia, NM 33211-0719 District III				ew Mex ral Resource TION 1 ox 2088	n Departm		Form C-104 Revised February 21, 1994 Instructions on back Submit to Appropriate District Office 5 Copies					
1000 Rio Brazos Rd., Aziec, NM \$7410 District IV				A 87504	-2088		AMENDED REPORT					
PO Box 2003, Santa Fe, NM 87504-2003 I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT												
Gruy Pe	etroleum	Manager	•	¹ Operator same and Address lient Co.					³ OGRID Number 162683			
	ox 14090	-					0	Sh	* Reason for Filing Code			
	Texas 75	014-090	7				Name change effective 05/01/97					
⁴ AFI Number 30 - 025-12034				* Rhodes Yates				Gae		• Pool Code 83810		
Property Code						Property Na		Chang				
22321			Rhodes A				Rhodes Federal U			2	22222-2	
II. ¹⁰ Surface Location					m the	North/So	uth Line	Feet from the East/West line County				
J	•		37E		1	1650		ıth	1650	East	Lea	
¹¹ Bottom Hole Loc		cation				L						
UL or lot no.	UL or lot no. Section Township		Range Lot Ido		Feet fr	Feet from the		outh line	Feet from the	East/West lin	e County	
" Lee Code F		n g Method (p. 02/18/					¹⁴ C-129 Permit Number		• C-129 Effective Date ¹⁷ C-129 Expiration Date			
III. Oil and Gas Transporters												
II Treaspor OGRID			" Transporter Name and Address			PO ^{يو}	²⁴ POD ²¹ O/G		²² POD ULSTR Location and Description			
Sec. 31.00.40.40.40.20.20.20.20.20.20.20.20.20.20.20.20.20												
		<u></u>										
IV. Produced Water POD ULSTR Location and Description POD ULSTR Location												
V. Well Completion Data												
¹¹ Spud Date			²⁴ Ready D		u ID			и рвто		³⁴ Perforations		
²⁴ Hole Size		31 (ing Size	; Size		Depth Sc	4	²³ S	³³ Sacks Cement			
	··· ·· · <u>·-</u> ·····	<u> </u>										
VI. Well Test Data												
and the second		Delivery Date	est Date	Date		ngth	" Tog. P	ressure	* Cag. Pressure			
" Choke Size		Oil ⁴ W		Water	Valer		<u></u>	4 AOF		4 Test Method		
⁴⁴ I hereby certify that the rules of the Oil Conservation Division have been compl												
with and that the knowledge and	c information	given above	is true and com	picte to the be	st of my		O	L CO	NSERVAT	ION DIV	ISION	
Signature:	Hu	himit	th		Арргоча	Approved by: ORIGINAL SICHED BY CHERIS WILLIAMS DISTRICT I SUPERVISOR						
Title							Title:					
Manager Operations Administration							Approval Date:					
# If this is a change of operator fill in the OGRID number and name of the previous operator												
Previous Operator Signature Printed Name												
a revious Operator Sugnature Printed Name Title Date												