District I PO Box 1960, Hobbs, NM 88241-1960 District II

PG Drawer DD, Artesia, NM 82211-0719

District III

OIL CONSERVATION DIVISION PO Box 2088

State of New Mexico

Form C-104 Revised February 21, 1994 Instructions on back Submit to Appropriate District Office

District IV	m Kd., Azie	c, NM 87410		Santa I	Fe, NI	M 8750	4-2088			12	21	ENDED		
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I.	<u> </u>	ŒQUES		LLUWAE		ND AU	THOR	IZAT	ION TO TI					
Gruy Petroleum Management Co. P. O. Box 140907							:				¹ OGRID Number 162683			
Irving, Texas 75014-0907											Reason for Filing Code			
	API Number				* Pool Name				nge effective 05/01/97					
20 005 04444							es Seven Rivers Gas				* Pool Code			
' P	roperty Cod	e	Forr	merly:	Property Name Chang			83810 ge to: FROM: * Well Num						
22321				es GSU	Rhodes Fed					81	' TO: 1 -ھر			
	Surface	Location										. 0 (احظر	
Ul or lot no.	Section	Township	Range	Lot.ldn	Feet fre	om the	North/Sou	th Line	Feet from the	East/West line		County		
A 08		26S	37E		66	60	North		660	East		Lea		
UL or lot no.	Bottom Section	Hole Lo		T :	,									
	Зесцор	Township	Range	Lot Ida	Feet fr	om the	North/Sor	uth line	Feet from the	East/V	Vest line	Coupty		
F		ing Method C			E 15	C-129 Perus	it Number		C-129 Effective)ate 17 C-1		129 Expiration Date		
III. Oil a	nd Gas	Transpor									<u> </u>			
II Transpo OGRID		 	1º Transporter Name and Address			²⁴ POD		" O/G	1	²¹ POD ULSTR Location and Description				
020809		id Richard	ason			1362230 G								
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de surrensurre				•									•	
V D														
V. Produ	rob	ter									· · · · · · · · · · · · · · · · · · ·	•		
•	OD					™ POD UL	STR Location	n and D	escription					
/. Well (Complet	ion Data												
11 Spud Date			24 Ready Date			" TD			" PBTD		2º Perforations			
" Hole Size		!	21 Casing & Tubing Si			70								
			Castag & Tobiag Size				- * D	epth Sct			¹⁰ Sacks	Cement		
														
•														
· · · · · · · · · · · · · · · · · · ·											·			
I. Well	Test Da	ta	L		·									
Date New Oil		™ Gas Delivery Date		h Test Date		,	" Test Length		²⁶ Tbg. Pressure		" Cag. Pressure			
" Choke Size		41 Oil		4 Water			4 Gas		4 AOF		4 Test Method			
I hereby certify ith and that the nowledge and b	THE OF REPORTS	cs of the Oil C given above is	onservation Di- true and comp	vision have been lete to the best of	complied my		OII.	CON	ISERVATI	ON D	IVICE.	ON.		
ignature:	M	Hick	sintl			Approved		SINAL S	SIGMED RV A	.4D-e u	VIII - 1 - 1 - 1			
	rinted name: D. Highsmith							Approved by: ORIGINAL SIGNED BY CHRIS WILLIAMS DISTRICT I SUPERVISOR						
Manager Operations Administration						Approval Date:								
ate: Dece	mber 22	, 19997	Phone: (97	72) 401-311	1				for B					
If this is a chi	age of oper	ator fill in the	OGRID num	ber and name of	the prev	ious operato	r							
		perator Signat												
		nitner	MIE			Printed	Name			Tid	le	I	Date	