District || PO Box 1988, Hobbs, NM 88241-1988

State of New Mexico Energy, Minerals & Natural Resources Department

District II PO Drawer DD, Artesia, NM 88211-0719

District III

1000 Rio Brazos Rd., Aztec, NM 87410 District IV

OIL CONSERVATION DIVISION PO Box 2088 Santa Fe, NM 87504-2088

Form C-104 Revised February 21, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

PO Box 2088, I.				LLOW	ABLE	AND AU	JTHOI	RIZAT	ION TO TI			ENDED REPOR	
I. REQUEST FOR ALLOWABLE AND AUTHORIZAT Operator name and Address Gruy Petroleum Management Co.									³ OGRID Number 162683				
P. O. Box 140907 Irving, Texas 75014-0907									1	Reason for Filing Code			
API Number								*	Request for G, W POD				
30 - 025-			Pool Name						* Paol Code				
<u> </u>	roperty Code		Rhodes Yates Seven Rivers Gas Property Name						83810				
スマ	2321		Rhodes Federal Unit							154 Well Number			
II. 10	Surface				······································						15-4		
Ul or let no.	Section	Township			from the	om the North/South Line		Feet from the	East/West line		County		
D 11.	D 15 26S		37E			660		rth	760	West		Lea	
UL or lot no.	Bottom	HOIE LO		1 11-	- 1 - -		1						
				Lot Idn		t from the	the North/South line		Feet from the	East/V	Vent line	County	
12 Lee Code	23 Produci	ng Method C	ode '4 Gas	Connection	Date	15 C-129 Perm	it Number	'	C-129 Effective 1	Date	" C-	129 Expiration Date	
III. Oil a	nd Gos '	P										**************************************	
Transpor	nd Gas '		Transporter !	Vame		21 PO	<u> </u>	n O/G					
OGRID			and Address					O/G			LSTR Lo Descriptio		
020809 Sid Richards			on			2825	559	G					
									~.				
		·											
V. Produced Water													
282	OD					[™] POD UL	STR Local	tion and D	escription				
V. Well (Completi	on Data			• • • • • • • • • • • • • • • • • • • •								
35 Spud Date		24 Ready Date			n TD			²⁴ РВТД		2º Perforations			
³⁶ Hole Size		31 Casing & Tubing Size			³² Depth Set			³³ Sı		33 Sacks	Sacks Cement		
<u> </u>					· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·						
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	 -			· ————							······································		
/Y 337_11 F	Post P												
I. Well 7	woii		divery Date)									
				h Test Date			" Test Length		34 Thg. Pressur		,	* Cag. Pressure	
" Choke Size			41 Oil		42 Water		40 Gas		4 AOF			45 Test Method	
I hereby certify with and that the knowledge and be signature:	miormation g clief.	iven above is	s true and comp	lete to the be	st of my	la la	OI	L CON	ISERVATI	ON D	IVISI	ON	
Printed name:			aut-	11/oin	<u></u>	Approved	ъу:	<i>X</i> .X	Week				
Susan Austin Morse													
Senior	Approval	Approval Date:											
Date: Februa			Phone: (97	111									
^{er} If this is a cha	-afe of obers	icor IW In the	e OGKID numi	per and nam	e of the p	previous operati	or						
	Previous Op	erator Signa	lure			Printed	Name			Tit	le	Date	