District I 1980 PO Box 1960, Hobbs, NM 88241-1980 State Of New Mexico

Er ____, Minerals and Natural Resources Department

District II 811 South 1st, Artesia NM 88210

Form C-104
Revised October 18, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

OIL	CONSERVATION	DIVISION

District III 1000 Rio Bravos Rd. Azte District IV 2040 South Pacheco, Sa			OIL	. COI		ATIOI South Paci Se, NM 8	1000	VISIO	N		AMENDE	D REPORT	
			FOR A	ALLOI	WABLE	E AND	AUT	HORI	ZATIO	N TO TRAI	NSPOR	PT .	
			1. Operator	name and A	ddress					2. OGRID I	Number		
FULFER OIL & CATTLE LLC									141402				
c/o OIL REPORTS & GAS SERVICES, INC.									3. Reason for Filing Code				
1008 WEST BROAWAY, HOBBS, N M 88240									CH EFFECTIVE 08/14/00				
					5. Pool Name ESTA	ATELINE T-Y-SR-QU				6. Pool Code 12710			
7. Property 0 26576	7. Property Code 8. Proper 265 76 WILSON 21 F					•				9. Well Number 8			
II. 10. Su						No ale 15	outh Line	Ta at Eas	- 4La 1	East/West Line		Canal	
Ut or lot no. Section D 21	Township 26S	Range 36E	Lot. Idn.	Feet fro	30		RTH	Feet fro	90	WEST		LEA	
11. Bo	ttom I				······································								
Ut or lot no. Section D 21	Township 26S	Range 36E	Lot. Idn.	Feet fro	om the		RTH	Feet fro	m the 190	East/West Line WEST		County LEA	
12. Lee Code 13. Producing Meth			14. Gas Connection 1/28/80		15. C-129 Per	mit Number		16. C-129 Effecti	ive Date		17. C-129 Explorati	on Date	
L			nsport		L		·	<u> </u>			<u> </u>		
18 Transporter OGRID			ransporter N	lame			20 POD		21 O/G			STR Location	
007440	EOT	r ENEDG	Y OP LP				2642	810	0	N . 21 .	26S- 36E		
007440	P. O.	BOX 46	56	lece			2042				200 002		
			X 77210-4										
020809		RICHARE MAIN STI	SON GA REET	SOLINE	co.		2642	830	G	N - 21 -	26S- 36E		
	FOR'	T WORTI	H, TX 761	02									
IV. Produced	d Wate	er											
23 POD					24 POD ULS	SIK LOCATION	n and Descr	iption					
V. Well Con	npletic	n Dat	а		w								
25 Spud Da	te		26 Ready D	eady Date 27 TD				28 F	BTD	29 Perforations 30 DHC, DC		30 DHC, DCMC	
31 Hole Siz	:8			32 Casing	& Tubing Size	0		33 Dep	th Set		24	Sacks Cement	
	,												
VI. Well Tes	st Data	 a	L										
35 Date Nev	w Oif		36 Gas Del	ivery Date		37 Test Date	9	38 Test	Length	39 Tbg. Pressure		40 Csg. Pressure	
41 Choke Size		42 Oil				43 Water		44 Gas		45 AOF		46 Test Method	
I hereby certify that	the rules of	Oll Consec	ation Division	have heen	complied								
with and that the Inform													
Signature:	4	, 0 x 1	1				Approved	l by:	1.3	1.1 1.1			
Printed Name: Heard							Title:				<u>;</u>		
Gaye Heard							Approval Date:					· · · · · · · · · · · · · · · · · · ·	
Agent							ripporal rate.						
Date: Phone: 505-393-272											60 - G		
47 If this is a change of	f operator fil					operator		D.C.		OFNE	00/40	/0000	
Previous Oberator Signature GAYE HEAR									A	GENT	08/16	/2000 Date	
YARE	ROU	SH OI	L LP (OGRIE) #025								

