Form C-1 Revised February 10, 19 Instructions on ba Submit to Appropriate District Offi

5 Cop.

District II 20 Drawer DD, Artesia, NM 88211-0719 District III 1000 Rio Brazos Rd., Aztoc, NM 87410

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

PO Box 2068, Santa Fe, NM 8	87504-2088		•	1	. ====		** ! ,		AMENDED REPO
I. RE	QUEST	FOR ALLOW	ABLE	AND AL	JTHOI	RIZAT	TON TO TI		
-	•	arrs, III	MITCES				\bigcap	'OGRID'N	Number
FO. Box	L 86-	3	nc.				Val	Reason for F	- 0
Kermi	·	x 79741	5			!	Lease Na		Eft.
'API Number		- 15Y	UD,	Pool Name	ie		1	me CII	9 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
30 - 025 - 284 Property Code	99	Rhode	3,4	ates	<u>S</u>	Ven	Livers	1 5	225008
24/24	19	m o	1.)	Property Na	ame				'Well Number
II. 10 Surface La	ocation	<u> </u>	u_{i}	Ils F	edei	ra1			
		Range Lot.Idn	Feet (rom the	North/S	outh Line	Feet from the	East/West li	line County
D 1341	265	375	3	330'	No	orth	13301	Wes	./ /
11 Bottom Ho					<u> </u>	1.66.4		Im	it Lea
1 1 1 1 1 1 1		Range Lot Idn	1	from the	North/S	South line	Feet from the	East/West li	line County
	A lo S			3 0 ' " C-129 Permi	1401	rth	330'	Wes	
F SWI	3	1	95	′ С-129 гегш	4 Number		C-129 Effective D)ale "	" C-129 Expiration Da
III. Oil and Gas Tr		rs	-101					l	
Transporter OGRID		ansporter Name		¹⁰ POI	D	11 O/G	r.	POD ULSTI	
21.22				2011	- 20	1		and Descri	ription
V7000 111	Time .	MKXg. Lt		28/63	5501	U	330'F	-NL4	2310 FE
2 (TD:	A Jan		Manual San					65, R37E
020209 51	d Kic	chardson	ے	2816	533	G	Same 1	As HE	sove
English South Control							ı		
V.	<i>7</i>			2818	784	BH			
				Sante Sante (6)					
				este lana, mindicipia		(1)			
8 0.000 (10.000)	, ·					Minister 1			
IV. Produced Water	r						<u> </u>		
" POD				" POD ULS	STR Locati	ion and D	escription		,
2816646 V Well Completion	1 <u>Smit</u>	h4 Marrs	A" W	<u>el #1</u>	198	OFN	L+660'	FWL	Sec 35_
V. Well Completion By Spud Date		Ready Date	τ		-	7	T-265,	R-37	E
12-17-83	- I	Ready Date - 4 - 95	3	"110 500			1010	1 -	19 Perforations
M Hole Size		11 Casing & Tub	hing Size	300		Depth Set	21'-336		Sacks Cement
[1]		8 5/8				1198			25 5X
7 7/8		5 1/2				3500	0		22 1X
					:1				<u>0 _ </u>

VI. Well Test Data									
, ,	Gas Delivery	y Date Y	Tool Date		" Test Leng	****	и Tbg. Pres	uure	" Cag. Pressure
12/4/95 "Choke Size	10h	195 12	15795	-	241	4R5		/	/
	11	5	Water		Gu Gu		4 AOF		Test Method
"I hereby certify that the rules of	f the Oil Coase	cryation Division have be	een complied						P
with and that the information gives knowledge and belief.	a above is true	and complete to the ber	at of my				SERVATIO		
Signature:	tor	201-00)		Approved t	by: ORIC	11.	and the state of t	TE MILLY	IF AS
Printed name: Jerri	Jen	ninas		Title:					
Title: Office	Mai	LARY		Approval D	Date:		1		
Date: 5-29-99		hone: 915-580							
a If this is a change of sperator	fill in the OG	GRID number and name			r				
Previous Operat	tor Signature			Printed I	M A				
	-			l Isterou .	Name			Title	Date
									/

Form 3160-5 (June 1990)

UNITED STATES DEPARTMENT OF THE INTERIOR

N.M. Oil P.O. Box 190 Hobbs, NM

FORM APPROVED
Budget Burene No. 1004-0133
Expires: March 31, 1933

SUNDRY NOTICES A	AND MANAGEMENT Hobbs, NW AND REPORTS ON WELLS If or to deepen or reentry to a different reservoir. I PERMIT—" for such proposals	5. Lease Designation and Serial No. NM – 0.5.0.1.7B 6. If Indian, Allottee or Tribe Name
SUBMIT	IN TRIPLICATE	7. If Unit or CA, Agreement Designation
i. Type of Well Qua Qua Qua Qual Qua Qual Qua Qual Qua Qual Qua Qual Qual	79745	II. Well Name and No. Wills Fed #1 9. API Well No. 30-025-28499 10. Field and Pool, or Englossiony Area Rhodes Yates
Sec 34, T26S, R37E. 330' I		Lea N.M. TOR OTHER DATA
TYPE OF SUBMISSION	TYPE OF ACTION	
Notice of Intent Subsequent Report Final Abandonment Notice	Abandonment Recompletion Plugging Back Casing Repair Altering Casing Other NAME Change	Change of Plans New Construction Non-Routine Fracturing Water Shut-Off Conversion to Injection Dispose Water
Describe Proposed or Completed Operations (Clearly state att give subsurface locations and measured and true vertical	perlinent details, and give pertinent dates, including estimated date of starting depths for all markers and gones perlinent to this work.)*	(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)
	ills Federal #1 to M.R. Wills Fe	ederal #1

Wasa.	ACCEPTED FOR RECORD (ORIG. SGD.) DAVID FI GLASS	
14. I hereby certify that the foregoing je-true and correct Signed	Tite President	Dete 4-5-99
(This space for Poderal or State office use)	Title	Date
Approved by	1906	

