State of New Mexico E ..ggy, Minerals and Natural Resources Department

District I PO Box 1980, Hobbs, NM 88241-1980 PO Drawer DD, Artesia, NM 88211-0719 District III 1000 Rio Brazos Rd., Aztec, NM 87410

OIL CONSERVATION DIVISION P.O. Box 2088

Form C-104 Revised February 10, 1994 Instructions on back Submit to Appropriate District Office 5 Copies

Santa Fe, New Mexico 87504-2088 ☐ AMENDED REPORT

| District IV PO Box 2008, Santa Fe | , NM 8 | | | | inta re, N | | | | | | | _ | ENDED REPOR | |
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| I. | | R | | | LLOWA | BLE A | AND A | UTHC | ORIZAT | TON TO | | ANSPOR | T | |
| ARCO Permia | _ | | l Ope: | rator name ar | nd Address | | | | | | 00. | | | |
| P.O. Box 1710 | | | | | | | | 000990 Reason for Filing Code | | | | | | |
| Hobbs, New M | 0 | | CI | | | | CHANGE GAS TRANSPORTER 07/95 | | | | | | | |
| 4 A | | | ⁵ Pool Name | | | | • | 6 1 | Pool Code | | | | | |
| 30-025 | | | | LANGLIE MATTIX SRQ | | | | | | | 37240 | | | |
| | perty C | | - | 8 Property Name | | | | | | 9 Well Number | | | | |
| 001543 | | | | IDA WIMBERLY | | | | | | | | | 13 | |
| II. Surface | | | e Locatio | Location | | | | | | | | | | |
| UI or lot no. | UI or lot no. Section | | Township | | | | · · | | outh Line | Feet from th | e I | ast/West line | County | |
| M | 2 | 24 25S | | 37E | | 3 | 330 | S | | 330 | | W | LEA | |
| | Bott | om | Location | | | | | | | | | | | |
| UL or lot no. | Section | | Township | Range | Lot. Idn | Feet from the | North/South Line | | Feet from the | | East/West line | County | | |
| | | | | | <u> </u> | | | <u> </u> | | | | 1 12 - | | |
| | | oducing Method C | | į. | Connection Da | te 13 (| : 13 C-129 Per | | rmit Number | | ctive Da | ate 1' C- | 129 Expiration Date | |
| P | <u></u> | | P | | 7/01/95 | | | · | | ······································ | | | | |
| III. Oil an | d G | as T | | | | | 20 DOD | | 21 O/G | 1 22 | DOD I | III CTD I asst | | |
| 18 Transporter OGRID | | 19 Transporter Name and Address | | | | | 20 POD | | 21 076 | | | D ULSTR Location and Description | | |
| 009171 | | GPM | GPM GAS CORPORATION | | | | | | G | M-24-25S-37E | | | | |
| | | | PENBROO | | | | | 111-24-255- | 37 L | | | | | |
| | | | ODESSA, TX 79762 | | | | | | | | | | | |
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| IV. Produ | ced | Wat | | | . | ************************************** | | . N. C. S. N. | | | | | | |
| 23 POI | | · · · · | | | | 24 | POD ULS | TR Locat | ion and De | scription | | · · · · · · · · · · · · · · · · · · · | | |
| | | | | | | | | | | | | | | |
| V. Well C | omi | oletio | n Data | | | | | | | | | | | |
| ²⁵ Spud Date | | | | Ready Date | | | 27 TD | | | 28 PBTD | | 29 Perforations | | |
| | | | | | | | | | | | | | | |
| 30 Hole Sie | | | | 31 Casin | 31 Casing & Tubing Size | | | 32 D | | | | 33 Sacks Cement | | |
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| VI VI 11 T | Γ4 | Data | | ·-·· | | | | | | 1 | | | | |
| VI. Well T | | | l 5 Gas Delive | ry Date | ³⁶ Test Da | ite | 37 | Test Leng | th | 38 Tbg. Pro | essure | 39 | Csg. Pressure | |
| | | | | | | | | | | - | | | - | |
| ⁴⁰ Choke Size | | - | ⁴¹ Oil | 42 Water | | | ⁴³ Gas | | | ⁴⁴ AOF | | 45 | Test Method | |
| Choke 3120 | | } | Oil | | vi dici | | | Ous | | 7.01 | | | rest Medica | |
| 46 () | 6 | <u>,, , , , , , , , , , , , , , , , , , ,</u> | wastr O' | Constant | Division Service | base IF | | | | | | | | |
| 46 I hereby certificompiled with an | d that | the info | ermation give | | | | | C | IL CON | SERVAT | TON | DIVISIO | N | |
| the best of my kn Signature: | nowled, | ae aud | belief. | • | . / | | Approved | | | | | SEXTON | | |
| Printed name: | M | LU | 10.4 | Thur | use_ | | Title | QA-4 | | · · · · · · · · · · · · · · · · · · · | <u> </u> | * | - | |
| Kellie D. Murrish | | | | | | | Title: | | | | | | | |
| Title: | | | | | | | Approval | Date: | 11.11 | 18 199 | 5 | | | |
| Administrative | e Assi | stant | | Phone: | | | | | JUL | T 0 102 | J | | | |
| 07/12/95 | | | | 391- | 1649 | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
| 47 If this is a ch | ange c | fopera | itor fill in the | OGRID nur | nber and name | of the pre | evious ope | rator | | | | | | |
| | | D' | ous Operator | Signature | | | D-i- | ted Name | | | | Title | Date | |
| | | 11001 | ous Operator | Jighatuit | | | r 1 (1) | I TAILIE | • | | | | Dun | |