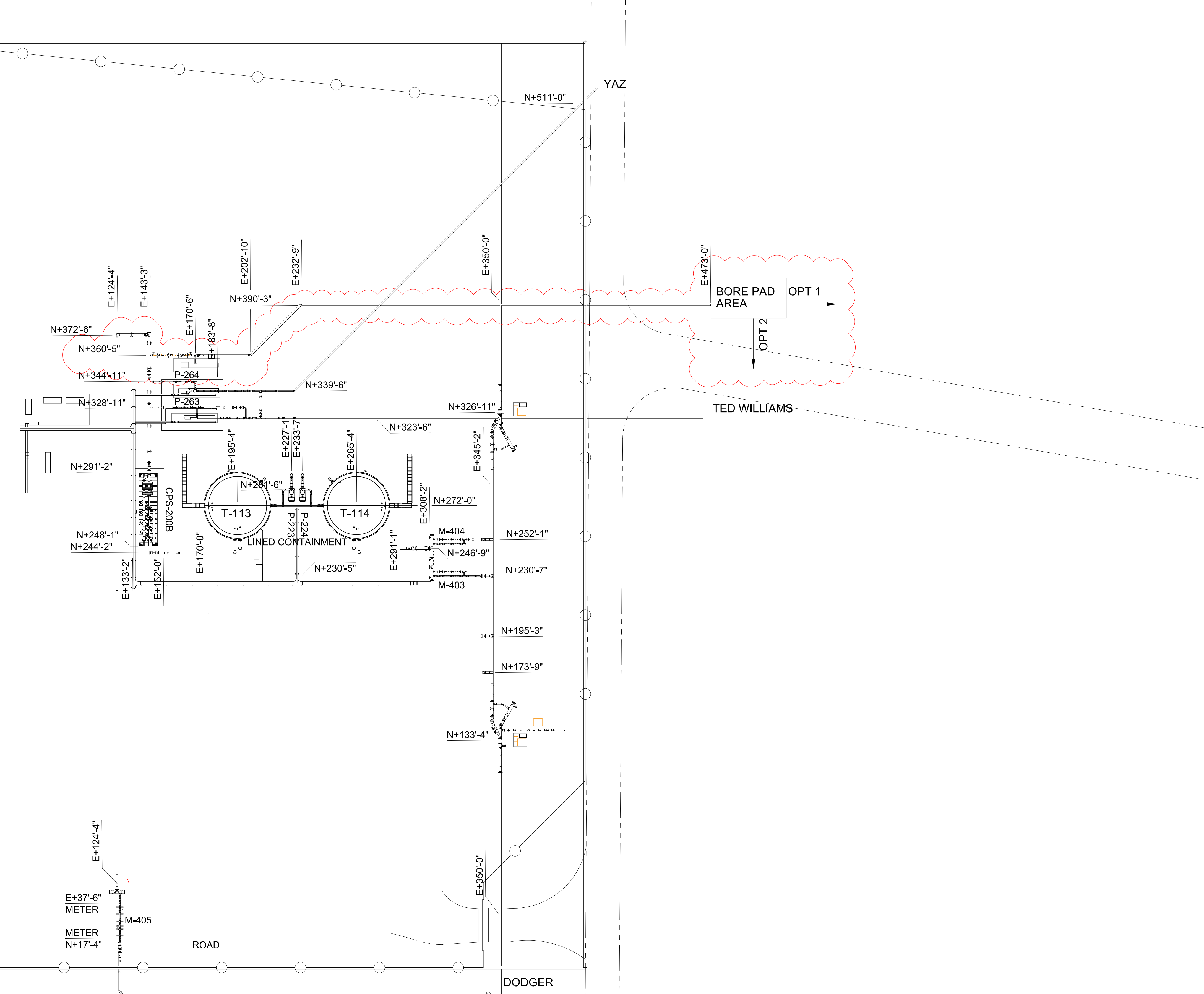


1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16


A  
B  
C  
D  
E  
F  
G  
H  
J

REF. COORDINATE STATE DATUM\*  
 TO NSRS 2011 NEW MEXICO STATE  
 PLANE COORDINATE SYSTEM, EAST ZONE  
 N: 528,856.5'  
 E: 867,624'  
 PLANT LOCAL REFERENCE DATUM  
 N: 0.00'  
 E: 0.00'  
 12" STAKE TO BE LOCATED BY SURVEY  
 PRIOR TO CONSTRUCTION.

ISSUE FOR CONSTRUCTION



NO	DATE	DESCRIPTION	DRAWN BY	CHK'D BY	APPROV'D BY
4	4/20/22	METER EXPANSION - ROCKET PEDRO	JDM	GS	GS
3	5/7/20	AS-BUILT H PUMP AREA	JDM	DW	GS
2	1/16/20	REROUTED DODGER PIPELINE. ADDED 12" B.V. AND SUPPORTS.	JDM	GS	GS
1	1/3/19	AS-BUILT AS OF 12/18/19	JDM	GS	GS
0	11/15/19	ISSUE FOR CONSTRUCTION	JDM	GS	GS



**GOODNIGHT**  
MIDSTREAM

**WEST TEXAS  
PERMIAN BASIN**

FENWAY  
GENERAL LAYOUT  
PLAN

SIZE	DRAWING No.	DATE	SCALE	REV
D	GNM-FENWAY-GA	11/15/19	1/32"=1'-0"	4











**District I**  
 1625 N. French Dr., Hobbs, NM 88240  
 Phone:(575) 393-6161 Fax:(575) 393-0720  
**District II**  
 811 S. First St., Artesia, NM 88210  
 Phone:(575) 748-1283 Fax:(575) 748-9720  
**District III**  
 1000 Rio Brazos Rd., Aztec, NM 87410  
 Phone:(505) 334-6178 Fax:(505) 334-6170  
**District IV**  
 1220 S. St Francis Dr., Santa Fe, NM 87505  
 Phone:(505) 476-3470 Fax:(505) 476-3462

**State of New Mexico**  
**Energy, Minerals and Natural Resources**  
**Oil Conservation Division**  
**1220 S. St Francis Dr.**  
**Santa Fe, NM 87505**

QUESTIONS

Action 300089

**QUESTIONS**

Operator: GOODNIGHT MIDSTREAM PERMIAN, LLC 5910 North Central Expressway Dallas, TX 75206	OGRID: 372311
	Action Number: 300089
	Action Type: [UF-FAC] TB Registration (TB-REG)

**QUESTIONS**

<b>Facility Details</b>	
<i>Please answer all the questions in this group.</i>	
Name of the facility	Fenway Facility
Date the facility was opened	08/01/2018
Depth to ground water, if known	Not answered.

<b>Verification</b>	
Does the operator have other facilities with a matching name	No
Are there other facilities located within approximately 50 feet	No

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ACKNOWLEDGMENTS

Action 300089

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	Action Number: 300089
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**ACKNOWLEDGMENTS**

<input checked="" type="checkbox"/>	I certify that I am authorized to register a facility on behalf of the responsible operator.
<input checked="" type="checkbox"/>	I certify that I will notify OCD of any changes of ownership for this facility.
<input checked="" type="checkbox"/>	I certify that I will notify OCD when this facility is closed.