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30-015-00206

| OGRID | 6137  |
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| PROP  | 25883 |
| POOL  | 3610  |

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Injection is to be through the 28 authorized water injection wells each of which shall be equipped with tubing set in a packer, said packers to be set within 100 feet of the uppermost perforation. The casing-tubing annulus in each well shall be loaded with a corrosioninhibited fluid and shall be left open or equipped with a pressure gauge to facilitate detection of leakage in the tubing, casing or packer.

WIW or her # R- 3476

| District I<br>PO Box 1980, F                                        | lobbs, NM                                     | 1 88241-1     | 980                |                                                 | State of New Mexico<br>Energy, Minerals & Natural Resources Department |                       |                                    |                                                           |                       |                                                | Form C-104<br>Revised October 18 19<br>Instruction Action                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|---------------------------------------------------------------------|-----------------------------------------------|---------------|--------------------|-------------------------------------------------|------------------------------------------------------------------------|-----------------------|------------------------------------|-----------------------------------------------------------|-----------------------|------------------------------------------------|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| District II<br>PO Drawer DD, Artesia, NM 88211-0719<br>District III |                                               |               |                    | OIL CONSERVATION DIVISION<br>2040 South Pacheco |                                                                        |                       |                                    |                                                           |                       | Submit to Appropriate District Office<br>5 Cop |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 1000 Rio Brazo                                                      | os Rd., Azt                                   | ec, NM 8      | 7410               |                                                 |                                                                        | Santa F               | Fe, NM 8                           | 7505                                                      |                       |                                                | x                                                                             | AMENDED REPORT                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| District IV<br>2040 South Pac                                       | checo, Sant                                   | ta Fe, NM     | 87505              |                                                 |                                                                        |                       |                                    |                                                           |                       |                                                | <b></b>                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| I                                                                   | REQU                                          | JEST I        | OR                 | ALLO                                            |                                                                        | E AND AU              | THORE                              | ZATIC                                                     | ON TO TR              |                                                |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                     | Davo                                          | -             |                    | ame and As<br>Juction C                         |                                                                        | LP                    |                                    |                                                           |                       | OGR                                            | ID Number<br>6137                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Devon Energy Produ<br>20 N. Broadway, Su                            |                                               |               |                    |                                                 |                                                                        | L.I.                  |                                    | <sup>3</sup> Reason for Filing Code                       |                       |                                                |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                     |                                               | homa Ci       | ty, Ok             | <u> 73102-</u>                                  | 8260                                                                   |                       | CH 1/1/2000 <sup>6</sup> Pool Code |                                                           |                       |                                                |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                     | API Number<br>30-015-00206                    |               |                    |                                                 | Atoka; S                                                               | San Andres            |                                    |                                                           |                       | 1                                              | 3610                                                                          |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| <sup>7</sup> Property Code                                          |                                               |               |                    | * Property Nam                                  |                                                                        |                       |                                    |                                                           |                       |                                                |                                                                               | Well Number<br>148                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
| <u>2</u>                                                            | <u>58</u><br>rface L                          | 83            |                    | <u> </u>                                        | Atoka S                                                                | an Andres U           | nit                                |                                                           |                       | <u></u> •                                      | L                                                                             | 148                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |
| II. <sup>®</sup> Sui<br>UI or lot no.                               | Section                                       | Township      |                    | Range                                           | Lot.Idn                                                                | Feet from the         | North/Sou                          | th Line                                                   | Feet from the         | East                                           | West Line                                                                     | County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| N                                                                   | 14                                            | 18            | S                  | 26E                                             |                                                                        | 990                   | FSI                                | Ĺ                                                         | 2310                  |                                                | FWL Eddy                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                     | ttom H                                        | T             |                    |                                                 | 1                                                                      |                       |                                    | 4.1.1.                                                    | Track Growthe         | Fort                                           | West Line                                                                     | County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| UI or lot no.                                                       | Section                                       | Township      | )                  | Range                                           | E Lot.Idn Feet from the                                                |                       | North/Sou                          | North/South Line F                                        |                       | Feet from the East/V                           |                                                                               | County                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <sup>12</sup> Lse Code                                              | <sup>13</sup> Produc                          | ing Metho     | d Code             | <u> </u>                                        | <sup>14</sup> Gas Conne                                                | ection Date           | <sup>15</sup> C-129 Per            | mit Numb                                                  | er <sup>16</sup> C-12 | 9 Effecti                                      | ve Date                                                                       | " C-129 Expiration Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
|                                                                     |                                               | a Tran        |                    | +0×0                                            |                                                                        |                       | l                                  |                                                           |                       |                                                |                                                                               | ,                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |
|                                                                     | and Ga                                        | <u>s iran</u> | spor<br>T          |                                                 | <sup>19</sup> Transporte                                               | er Name               |                                    | 20 POD                                                    | <sup>21</sup> O/G     |                                                |                                                                               | ULSTR Location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |
| OGR                                                                 | -                                             |               |                    |                                                 | and Addr                                                               | ress                  |                                    |                                                           |                       |                                                | and                                                                           | Description                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
|                                                                     |                                               |               |                    |                                                 |                                                                        |                       |                                    |                                                           |                       |                                                |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                     |                                               |               |                    |                                                 |                                                                        |                       |                                    |                                                           |                       |                                                |                                                                               | State of the state |  |
|                                                                     |                                               |               |                    |                                                 |                                                                        |                       |                                    |                                                           |                       |                                                | 1.8                                                                           | ي.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|                                                                     |                                               |               |                    |                                                 |                                                                        |                       |                                    |                                                           |                       |                                                | /83<br>\$4                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                     |                                               |               |                    |                                                 |                                                                        |                       |                                    |                                                           |                       |                                                |                                                                               | RE                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |
|                                                                     |                                               |               |                    |                                                 |                                                                        |                       |                                    |                                                           |                       |                                                | \e<br>\<br>\<br>\<br>\<br>\<br>\<br>\<br>\<br>\<br>\<br>\<br>\<br>\<br>\<br>\ |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| l                                                                   |                                               |               |                    |                                                 |                                                                        |                       |                                    |                                                           |                       |                                                |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                     |                                               |               |                    |                                                 |                                                                        |                       |                                    |                                                           |                       |                                                | <u>``</u> `                                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                     |                                               |               |                    |                                                 |                                                                        |                       |                                    |                                                           |                       |                                                |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                     |                                               |               |                    |                                                 |                                                                        |                       |                                    |                                                           |                       |                                                |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| IV. Proc                                                            |                                               | Water         |                    |                                                 |                                                                        |                       | <u>.</u>                           |                                                           |                       |                                                |                                                                               | <u> </u>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  |
|                                                                     | <sup>23</sup> POD                             |               |                    |                                                 |                                                                        |                       | " POD ULS                          | TR Locat                                                  | ion and Descript      | ion                                            |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| V. Well                                                             | Compl                                         | etion I       | Data               | 1                                               |                                                                        |                       |                                    |                                                           |                       |                                                |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                     | <sup>25</sup> Spud Date <sup>26</sup> Ready I |               |                    |                                                 |                                                                        |                       | 28 PB'                             | <sup>28</sup> PBTD <sup>29</sup> Perfor                   |                       |                                                |                                                                               | <sup>30</sup> DHC, DC, MC                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |
| ļ,                                                                  | " Hole Size                                   | <u></u>       |                    | 1                                               | 32 Casing &                                                            | Tubing Size           | <u> </u>                           |                                                           | 33 Depth Set          |                                                | 34                                                                            | Sacks Cement                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |
|                                                                     |                                               |               |                    |                                                 |                                                                        |                       |                                    |                                                           |                       |                                                |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| ļ                                                                   |                                               |               |                    |                                                 |                                                                        | <u> ,</u>             |                                    |                                                           |                       |                                                |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                     |                                               |               |                    |                                                 |                                                                        |                       |                                    |                                                           | ·····                 |                                                |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                     | l Test I                                      |               |                    |                                                 |                                                                        |                       |                                    | 38                                                        | r                     | 10                                             |                                                                               | 40 0 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| <sup>35</sup> Date                                                  | <sup>35</sup> Date New Oil <sup>36</sup> Gas  |               | <sup>™</sup> Gas I | Delivery Da                                     | ite                                                                    | <sup>37</sup> Test Da | Test Date <sup>30</sup> Test 1     |                                                           | ength <sup>30</sup>   |                                                | . Pressure                                                                    | <sup>40</sup> Csg. Pressure                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| <sup>41</sup> Choke Size                                            |                                               | 4             | <sup>42</sup> Oil  |                                                 | <sup>43</sup> Water                                                    |                       | " (                                | Jas                                                       | <sup>45</sup> AOF     |                                                | <sup>46</sup> Test Method                                                     |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
|                                                                     |                                               |               | 01.0               |                                                 |                                                                        | ham comeliad          |                                    |                                                           | <u> </u>              |                                                |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| "I hereby certif<br>with and that th                                |                                               |               |                    |                                                 |                                                                        |                       |                                    | (                                                         | DIL CONSI             | ERVAT                                          | TION DIV                                                                      | ISION                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |  |
| knowledge and                                                       |                                               | KX            | M                  | ζηθ                                             | 1/                                                                     | •                     |                                    | • -                                                       |                       |                                                |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Signature: Approved 😡                                               |                                               |               |                    |                                                 |                                                                        |                       |                                    | I GRIGINAL SIGNED BY TIM W. GUM<br>District II Supervisor |                       |                                                |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Thind Name. Store With daily                                        |                                               |               |                    |                                                 |                                                                        |                       |                                    | Approval Date:                                            |                       |                                                |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| Date: 3/2                                                           | 0/00                                          |               |                    | Phone:                                          |                                                                        | 35-3611)              |                                    | ľ                                                         | AR SUZ                |                                                |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| N                                                                   |                                               |               |                    |                                                 |                                                                        | me of the previou     |                                    |                                                           |                       |                                                |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 17                                                                  | 105<br>Previous                               | Operator      | -110               | 07                                              | ation & P                                                              | roduction Co          | ).<br>Printed Nam                  | 1e                                                        | <u></u>               |                                                | Title                                                                         | Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  |
|                                                                     | NIX                                           | ~14. ant      |                    |                                                 |                                                                        |                       | Steve Mc                           |                                                           | Di                    | strict M                                       | lanager                                                                       | 3/20/00                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |
|                                                                     |                                               |               |                    |                                                 |                                                                        |                       |                                    |                                                           |                       |                                                |                                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |