State of New Mexico

Energy, Minerals & Natural Resources Department

Form C-104

PO Box 1980, Hobbs, NM 88241-1980

District II

PO Drawer DD, Artesia, NM 88211-0719

1000 Rio Brazos Rd., Aztec, NM 87410

Santa Fe, NM 87505

Revised October 18, 1994 Instructions on back

Submit to Appropriate District Office

3/20/00

District Manager

OIL CONSERVATION DIVISION 2040 South Pacheco

5 Copies

District IV	•	•	X	AMENDED REPORT
2040 South Pacheco, Sa	nta Fe, NM 87505			

2040 South Pac [.				LOWABI	LE AND AU	THORIZ	ATIC	T NC	O TRA	NSPORT		
I. REQUEST FOR ALLOWABLE AND AUTHO Operator Name and Address							² OGRID Number					
			·	on Company,	, L.P.		6137					
			vay, Suite 1: ty, OK 731				³ Reason for Filing Code CH 1/1/2000					
4 API 1	Number	Iloma Ci	ly, OK 151	5 Pool Name				Pool Code				
	015-2901	12		Red La	ke Queen Gray		51300					
_	erty Code			Property Name Hawk 8 J Federal				e			Well Number	
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UI or lot no.	Section	Township	····	e Lot.Idn	Feet from the	North/South	Line	Teet	from the	East/West Line	County	
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" Bot	ttom B	Tole Lo	cation									
UI or lot no.	Section	Township	Range	e Lot.Idn	Feet from the	North/South	Line	Feet	from the	East/West Line	County	
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12 Lse Code	Produc	cing Method	1 Code	Gas Conn	nection Date	" C-129 Perm	it Numbe	ır	C-129 E	ffective Date	¹⁷ C-129 Expiration Date	
III. Oil a	and Ga	c Tran	sporters		L						1	
	sporter	J II WILL	porters	19 Transporte	ter Name	20	POD		²¹ O/G	²² POD	ULSTR Location	
OGR				and Add						and Description		
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IV. Prod		<u>Vater</u>				14						
	23 POD					* POD ULST	R Locatio	on and	Description			
V. Well (Compl	etion D								<u>,</u>		
25 Spud Date:			dy Date	27 TD	, ,	28 PBTD	<u> </u>	Т	²⁹ Perforati	ions	30 DHC, DC, MC	
						l			·			
31	1 Hole Size			32 Casing &	: Tubing Size		,	33 Dept	th Set		Sacks Cement	
	Test D					20						
³⁶ Date New Oil ³⁶ Gas Delivery Date ³⁷		37 Test Date	e 38 Test Length		gth		Tbg. Pressure	40 Csg. Pressure				
41 Choke Size		⁴² Oil		43 Water		44 Ga	as	-	45 AOF	48 Test Method		
- -	CHORO BILLO											
•	•			on division have								
		on given ab	ove is true and	d complete to the	e best of my		U.	IL U	ONSERV	VATION DIV	ISION	
knowledge and b	belief.	1 4	- M-	My,		Approved by	^1		6101	au wim	*** #448#	
Signature: Printed Name:	· · · · ·	Steve M	AcNally			Approved by Title:				PERVISOR	W. GUR	
Title:			Manager			Approval Da		D 1 140	<u> </u>	FRITTON		
	0/00		Phone	: (405) 2	235-3611)			M	AR 30	2000		
If this is a c	change of o	perator fill	in the OGRID	number and na	me of the previous	operator						
613′				y Corporation								
	Dearions (Operator S	AnatiA ()	M = 31 .		Printed Name				Title	Date	

Steve McNally