State of New Mexico

Form C-104

Energy, Minerals & Natural Resources Department

Revised October 18, 1994

Instructions on back

District II **OIL CONSERVATION DIVISION** PO Drawer DD, Artesia, NM 88211-0719 District III

Submit to Appropriate District Office

1000 Rio Brazos Rd., Aztec, NM 87410

PO Box 1980, Hobbs, NM 88241-1980

2040 South Pacheco Santa Fe, NM 87505 5 Copies

3/20/00

District Manager

District IV	• 6	· TO STRA	~ ~= enc	_								[X]	AMENDED REPORT	
2040 South Pac I.					<b>WABL</b>	E AND AU	THORE	ZATIC	)N T	O TRAN	1SP(	ORT		
I. REQUEST FOR ALLOWABLE AND AUTHORIZ  Operator Name and Address									<sup>2</sup> OGRID Number					
		-	•		duction Company, L.P.				6137					
			•	Suite 1500 K 73102-8260				<sup>3</sup> Reason for Filing Code CH 1/1/2000						
API ?	Number	IIOMa Ca	ty, 0.	73102-8200 Fool Name				Pool Code						
	015-2915	54		Red Lake Queen Grayburg SA									1300	
-	erty Code			* Property Name Hawk 9 B Federal				e				* w	Vell Number	
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UI or lot no.	Section Section	Township		Range	Lot.Idn	Feet from the	North/Sout	h I ine	T <sub>Feet 1</sub>	from the	East/W	Vest Line	County	
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UI or lot no.	Section	Township	,	Range	Lot.Idn	Feet from the	North/Sout	h Line	Feet f	from the	East/W	Vest Line	County	
12 Lse Code	13 Produc	cing Method	d Code		14 Gas Conn	nection Date 15 C-129 I		nit Numbe	nit Number 16 C-1		-129 Effective Date		C-129 Expiration Date	
III. Oil a	nd Ga	s Trans	enor	ters			1			<u> </u>			<del></del>	
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	Test D					<del></del>	<del></del>			10 -			40	
35 Date New Oil 36 Gas			Gas D	Delivery Date 37 Test Date			;	Test Leng	Test Length		39 Tbg. Pressure		<sup>40</sup> Csg. Pressure	
41 Choke Size			42	Oil		43 Water	43 Water		44 Gas		45 AOF		<sup>96</sup> Test Method	
"I hereby certify	that the ru	les of the C	)il Cons	servation di	ivision have t	een complied							1	
with and that the	informatic	on given ab	ove is t	rue and cor	mplete to the	best of my		<b>O</b> !	IL CO	ONSERVA	ATIC	ON DIVIS	SION	
knowledge and b	pelief.	1 1	- V	M=11	u,			<b></b>						
Signature: Printed Name:			ANIal	1	1/	Approved b	y: ORI	GINA	L SIGNE	0.81	TIM W.	CUM		
Printed Name: Steve McNal Title: District Man				<del> </del>	$\overline{U}$		Title:	Approval Date:						
Date: 3/20/00				Phone:	(405) 23	Tippe	MAR 3 0 2000							
If this is a cl	hange of or	perator fill i	in the C	)GRID nur	mber and nan	ne of the previous o	operator							
6137	<del></del>		<del></del>	· · · · · · · · · · · · · · · · · · ·	Corporation									
	Previous C	Operator Sig	gnature	大 T	1-00	~, ,	Printed Name Steve McN	11tr		District		Fitle	Date 3/20/00	

Steve McNally