

AMENDED REPORT

**REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT**

Operator name and Address <b>CLACO</b> 2708 GTR. HORSE RD. ARTESIA N. MEX. 88210		OGRID Number <b>37437</b>
API Number <b>30-015-25144</b>		Reason for Filing Code <b>CHANGE OF TRANSPORTER</b>
Pool Name <b>BRUSHY DRAW DELEWARE</b>	Pool Code <b>08080</b>	
Property Code <b>14060</b>	Property Name <b>GULF FEDERAL</b>	Well Number <b># 1</b>

**II. Surface Location**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South Line	Feet from the	East/West line	County
<b>0</b>	<b>13</b>	<b>26S</b>	<b>29E</b>		<b>700</b>	<b>SOUTH</b>	<b>2205</b>	<b>EAST</b>	<b>EDDY</b>

**Bottom Hole Location**

UL or lot no.	Section	Township	Range	Lot Idn	Feet from the	North/South line	Feet from the	East/West line	County

Loc Code	Producing Method Code	Gas Connection Date	C-129 Permit Number	C-129 Effective Date	C-129 Expiration Date
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**III. Oil and Gas Transporters**

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
<b>015694</b>	<b>NAVAJO REFINING CO</b> P.O. DRAWER 159 ARTESIA N. MEX. 88210	<b>1109810</b>	<b>0</b>	
<b>005097</b>	<b>CONOCO INC</b> BOX 2197 HOUSTON, TEXAS 77001	<b>1109830</b>	<b>G</b>	

**IV. Produced Water**

POD <b>1109850</b>	POD ULSTR Location and Description
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**V. Well Completion Data**

Spud Date	Ready Date	TD	PBTD	Perforations

Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement

**VI. Well Test Data**

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Cap. Pressure

Choke Size	Oil	Water	Gas	AOF	Test Method
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" I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.  
 Signature: *Russell Clack*  
 Printed name: **RUSSELL CLACK**  
 Title: **OPERATOR**  
 Date: **12-13-94** Phone: **505-748-1064**

**OIL CONSERVATION DIVISION**  
 Approved by: **SUPERVISOR, DISTRICT II**  
 Title:  
 Approval Date: **DEC 14 1994**

" If this is a change of operator fill in the OGRID number and name of the previous operator

Previous Operator Signature	Printed Name	Title	Date
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DISTRICT II  
 DISTRICT III  
 DISTRICT IV  
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