## District I

PO Box 1980, Hobbs, NM 88241-1980

District II PO Drawer DD, Artesia, NM 88211-0719

District III 1000 Rio Brazos Rd., Aztec, NM 87410

District IV

2040 South Pacheco, Santa Fe, NM 87505

OIL CONSERVATION DIVISION 2040 South Pacheco Santa Fe, NM 87505

State of New Mexico
E gy, Minerals & Natural Resources Department

|                                       |                  | Davisa           | Form C                            | -104         |  |  |  |  |  |
|---------------------------------------|------------------|------------------|-----------------------------------|--------------|--|--|--|--|--|
|                                       |                  | REVISE           | d October 18, 1 instructions on 1 | 1994<br>hack |  |  |  |  |  |
| Submit to Appropriate District Office |                  |                  |                                   |              |  |  |  |  |  |
|                                       |                  |                  |                                   | pics         |  |  |  |  |  |
|                                       |                  | ] AMI            | ENDED REPO                        | RT           |  |  |  |  |  |
| ON TO TR                              | ANS              | POR'             | Т                                 |              |  |  |  |  |  |
| <sup>2</sup> C                        | GRID             | Number           |                                   | $\neg$       |  |  |  |  |  |
|                                       | 0                | 363              | 34                                |              |  |  |  |  |  |
| 3 Rea                                 | son for          | Filing C         | ode                               | $\exists$    |  |  |  |  |  |
| CH Eff                                | ecti             | ve 9/            | 1/97<br>Pool Code                 |              |  |  |  |  |  |
| 50350                                 |                  |                  |                                   |              |  |  |  |  |  |
| 9 Well Number                         |                  |                  |                                   |              |  |  |  |  |  |
| 3                                     |                  |                  |                                   |              |  |  |  |  |  |
|                                       |                  |                  |                                   |              |  |  |  |  |  |
| et from the                           |                  | est line         | County                            | $\neg$       |  |  |  |  |  |
| 330                                   | EN               |                  | Lea                               |              |  |  |  |  |  |
|                                       |                  |                  |                                   |              |  |  |  |  |  |
| et from the                           | East/W           | est line         | County                            |              |  |  |  |  |  |
| -129 Effective D                      | Date             | 17 C-            | 129 Expiration Date               | _            |  |  |  |  |  |
|                                       |                  |                  | Expiration Dat                    |              |  |  |  |  |  |
|                                       |                  |                  |                                   |              |  |  |  |  |  |
| <sup>22</sup> POD                     | ULSTI<br>id Desc | R Location       | on                                | 7            |  |  |  |  |  |
| nit P, Se                             | <u>·</u>         |                  | C 27F                             | -            |  |  |  |  |  |
| ank Batte                             | ry               | 0, 21            | 3, 3/E                            |              |  |  |  |  |  |
|                                       |                  |                  |                                   |              |  |  |  |  |  |
| nit P, Se                             | c. 1             | 3, 21            | S, 37E                            |              |  |  |  |  |  |
| ank Batte                             | ry               |                  |                                   |              |  |  |  |  |  |
|                                       |                  |                  |                                   | 1            |  |  |  |  |  |
|                                       |                  |                  |                                   |              |  |  |  |  |  |
|                                       |                  |                  | <del></del>                       | -            |  |  |  |  |  |
|                                       |                  |                  |                                   | ļ            |  |  |  |  |  |
|                                       |                  |                  |                                   |              |  |  |  |  |  |
| on                                    | <del></del>      |                  |                                   | 7            |  |  |  |  |  |
| 'E                                    |                  |                  |                                   |              |  |  |  |  |  |
|                                       |                  |                  |                                   |              |  |  |  |  |  |
| <sup>29</sup> Perforatio              | กร               | 30 E             | OHC, DC, MC                       | 7            |  |  |  |  |  |
| <del></del>                           | 34 0             | acks Ce          |                                   | _            |  |  |  |  |  |
|                                       |                  | acro Ce          | uciit                             | -            |  |  |  |  |  |
|                                       |                  |                  |                                   | -            |  |  |  |  |  |
|                                       |                  |                  |                                   | -            |  |  |  |  |  |
|                                       |                  |                  |                                   | -            |  |  |  |  |  |
|                                       |                  |                  |                                   |              |  |  |  |  |  |
| Гbg. Pressure                         |                  | 40 Cs            | sg. Pressure                      | ר            |  |  |  |  |  |
|                                       |                  |                  | 0                                 |              |  |  |  |  |  |
| <sup>45</sup> AOF                     |                  | <sup>46</sup> Te | st Method                         | 1            |  |  |  |  |  |
|                                       |                  |                  |                                   |              |  |  |  |  |  |
| RVATION D                             | IVISI            | ON               |                                   |              |  |  |  |  |  |
|                                       |                  |                  | AMA                               |              |  |  |  |  |  |
| SIGNED BY (<br>FRIGT I SUP            | ZARIS<br>ERVIS   | OB               | MAIÓ                              |              |  |  |  |  |  |
|                                       |                  |                  |                                   |              |  |  |  |  |  |
| ,                                     | : 7              | 1 77             |                                   |              |  |  |  |  |  |
|                                       | · · · · · ·      |                  |                                   |              |  |  |  |  |  |
|                                       |                  |                  |                                   |              |  |  |  |  |  |

| I.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | I. REQUEST FOR ALLOWARLE AND AUTHORIZATI |                        |                         |                                     |             |                        |                                     | AMENDED REPO                                 |                                           |             |                     |                    |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|------------------------|-------------------------|-------------------------------------|-------------|------------------------|-------------------------------------|----------------------------------------------|-------------------------------------------|-------------|---------------------|--------------------|
| I. REQUEST FOR ALLOWABLE AND AUTHORIZATION Of the Properties of th |                                          |                        |                         |                                     |             |                        |                                     | 2 OGRID Number                               |                                           |             |                     |                    |
| Pioneer Natural Resources USA Inc                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                        |                         |                                     |             |                        | 036324                              |                                              |                                           |             |                     |                    |
| P.O. Box 3178  Midland, TX 79702                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                          |                        |                         |                                     |             |                        | <sup>3</sup> Reason for Filing Code |                                              |                                           |             |                     |                    |
| 4 API Number 5 Pool Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          |                        |                         |                                     |             |                        |                                     | CH Effective 9/1/97                          |                                           |             |                     |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 3953                                     |                        |                         | P                                   | enros       | rose Skelly Grayburg   |                                     |                                              | ;                                         |             |                     |                    |
| Property Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                        |                         |                                     | 8 F         | 8 Property Name        |                                     |                                              | 9 Well Number                             |             |                     |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | ≥ Location             | <del></del>             | <u> </u>                            | .G. Wa      | . Warlick              |                                     |                                              | 3                                         |             |                     |                    |
| UL or lot no.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | Section                                  | Township               | Range                   | Lot. Idn                            | Feet from   | m the                  | North/Sc                            | outh Line                                    | Feet from the                             | 1 = 1/      | <u>-</u>            |                    |
| P 11                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | 18                                       | 218                    | 37E                     |                                     | 660         |                        | Sou                                 |                                              | 330                                       | East/       | West line           | County<br>Lea      |
| Bottom Hole Location                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          |                        |                         |                                     |             |                        |                                     |                                              |                                           |             |                     |                    |
| o or for no.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | Section                                  | Township               | nship Range Lot. Idn Fe |                                     |             | eet from the North/Sou |                                     | outh Line                                    | Feet from the Eas                         |             | st/West line County |                    |
| 12 Lse Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 13 Producir                              | ng Method Cod          | e 14 Gas C              | Connection Date                     | 15 C.       | -129 Perr              | mit Numbe                           | er 16                                        | C-129 Effective                           | Data        | 17.0                |                    |
| P P                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | 1.0                                      | P                      | <u></u>                 |                                     |             |                        |                                     |                                              | C-129 Enective                            | Date        | " C-1               | 29 Expiration Date |
| III. Oil and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | 1 Gas Ti                                 |                        | rs<br>sporter Name      |                                     | <del></del> |                        |                                     |                                              |                                           |             | -l                  |                    |
| OGRID                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          | and                    | Address                 |                                     |             | 20 POD 21 O/G          |                                     |                                              | POD ULSTR Location and Description        |             |                     |                    |
| 015694                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          | ajo Refi<br>D. Box 159 |                         | •                                   | 10          | 1021910 0              |                                     |                                              | Unit P, Sec. 18, 21S, 37E<br>Tank Battery |             |                     |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 8888888                                  | esia, NM               |                         | J                                   |             |                        |                                     |                                              |                                           |             |                     |                    |
| 22345                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Tex                                      | aco Expl               |                         |                                     | 10          | 1021930 G              |                                     |                                              | Unit D. Co. 10 010 077                    |             |                     |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | 888888 <b>3</b>                          | : 3000<br>sa, OK 7     | 74102                   |                                     |             | 2004.00-1-00-1         |                                     |                                              | Unit P, Sec. 18, 21S, 37E<br>Tank Battery |             |                     |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | ou, or ,               | 4102                    |                                     |             |                        |                                     |                                              |                                           |             |                     |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                        |                         |                                     |             |                        |                                     |                                              |                                           |             |                     |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                        |                         |                                     |             |                        |                                     |                                              |                                           | <del></del> |                     |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                        |                         |                                     |             |                        |                                     |                                              |                                           |             |                     |                    |
| V. Produce                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | ed Wate                                  | er                     |                         |                                     |             |                        |                                     |                                              |                                           |             |                     |                    |
| (23 POD                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | ノ <u></u>                                |                        |                         |                                     | 24 PC       | D ULSTI                | R Location                          | and Desc                                     | ription                                   |             |                     |                    |
| 10219<br>V. Well Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          | D-4-                   |                         |                                     | Unit        | P, Sec                 | c. 18,                              | 215,                                         | 37E                                       |             |                     |                    |
| V. Well Co                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Inpierio                                 | n Data  26 Ready 1     | Date                    | 27 TE                               |             |                        | <sup>28</sup> PBTI                  |                                              |                                           |             |                     |                    |
| 31 11 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                          |                        |                         |                                     | ,           | zo PRID                |                                     | <sup>29</sup> Perforations <sup>30</sup> DHC |                                           | HC, DC, MC  |                     |                    |
| 31 Hole                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | e Sie                                    |                        | 32 Casing               | & Tubing Size                       |             | 33 Depth Set           |                                     |                                              |                                           | 34          | Sacks Cen           | nent               |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                        |                         |                                     |             |                        |                                     |                                              |                                           |             |                     |                    |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                        |                         | ·                                   |             |                        |                                     |                                              |                                           |             |                     |                    |
| <del></del>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          |                        |                         |                                     |             |                        |                                     | <del></del>                                  |                                           |             |                     |                    |
| /I. Well Tes                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | st Data                                  |                        |                         |                                     |             |                        |                                     | ····                                         |                                           |             |                     |                    |
| 35 Date New Oil                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          | Gas Delivery D         | )atc                    | 37 Test Date                        | <del></del> | 38 Tes                 | st Length                           |                                              | 39 Tbg. Pressure                          |             | 40. 0               |                    |
| 41 01 1 0                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                        |                         |                                     |             |                        |                                     | Tog. Pressure                                |                                           | TO CS       | g. Pressure         |                    |
| <sup>41</sup> Choke Size                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          | <sup>42</sup> Oil      |                         | 43 Water                            |             | 44 (                   | Gas                                 | -                                            | <sup>45</sup> AOF                         | +           | 46 Tes              | st Method          |
| I hereby certify the                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | hat the rules                            | of the Oil Con         | Cognition Di            |                                     |             |                        |                                     |                                              |                                           |             |                     |                    |
| e best of my know                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                        | ove is true a           | vision have been<br>and complete to | ١           |                        | OI                                  | L CONS                                       | SERVATION                                 | DIVIS       | SION                |                    |
| Signature:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | lelle                                    | an Ou                  | 2h                      |                                     | Арр         | proved by:             | :                                   |                                              | L SIGNED BY                               |             |                     | AMS                |
| Printed name: Shelley Bush Title:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                        |                         |                                     | Titl        |                        |                                     |                                              | STRICT I SUI                              |             |                     |                    |
| · · · · · · · · · · · · · · · · · · ·                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |                        |                         |                                     | Арр         | Approval Date:         |                                     |                                              |                                           |             |                     |                    |
| Proration Analyst 8/15/97 915/571-3965                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          |                        |                         | Approval Date.                      |             |                        |                                     |                                              |                                           |             |                     |                    |
| <sup>7</sup> If this is a chang                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | ge of operato                            | or fill in the OG      | RID number              | r and many Cul                      |             |                        |                                     |                                              |                                           |             |                     |                    |
| Parker &                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | - 41 5 1 0                               | ey Develo              | hingir F                | P OGRII                             | ) #036      | 324                    |                                     |                                              |                                           |             |                     |                    |
| Mell                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           | un                                       | DANO!                  | hature                  |                                     | Shelle      | Printed<br>By Bus      | Name<br>h                           | Pror                                         | ation Anal                                | Title       |                     | Date               |