

District I
PO Box 1960, Hobbs, NM 88241-1960
District II
PO Drawer DD, Artesia, NM 88211-9719
District III
1000 Rio Bravo Rd., Aztec, NM 87410
District IV
PO Box 2088, Santa Fe, NM 87504-2088

State of New Mexico
Energy, Minerals & Natural Resources Department

Revised February 1999
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OIL CONSERVATION DIVISION
PO Box 2088
Santa Fe, NM 87504-2088

☐ AMENDED REPORT

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator Name and Address Gold Star SWD Ltd. Co. Box 1480 Bunice, N.M. 88231		148431	OGRID Number 200 12-16-99
AFI Number 30-025-10500		Pool Name SWD San Andres	96121 Pool Code
Property Code 17470	Property Name Christmas		Well Number 003

II. Surface Location

UL or lot no.	Section	Township	Range	Lot/Ida	Feet from the	North/South line	Feet from the	East/West line	County
B	28	22S	37E		330	N	2310	E	025

Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot/Ida	Feet from the	North/South line	Feet from the	East/West line	County
Lee Code P	Producing Method Code SWD	Gas Connection Date		C-129 Permit Number		C-129 Effective Date		C-129 Expiration Date	

III. Oil and Gas Transporters

Transporter OGRID	Transporter Name and Address	POD	O/G	POD ULSTR Location and Description
037008	Genex OP Co.	2816488	Q	Same

IV. Produced Water

POD	POD ULSTR Location and Description

V. Well Completion Data

Spud Date	Ready Date	TD	PSTD	Perforations

Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Gas. Pressure
Choke Size	Oil	Water	Gas	AOF	Test Method

I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature: *Royce Crowell*
Printed name: Royce Crowell
Title: Manager
Date: 12-15-99 Phone: 304-2504

OIL CONSERVATION DIVISION

Approved by: *JO WILLIAMS*
Title:
Approved Date: 12-21-1999

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

Previous Operator Signature

Printed Name -

Title -

Date