

District I
PO Box 1960, Hobbs, NM 88241-1960
District II
PO Drawer DD, Artesia, NM 88211-4719
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

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

Form O-1
Revised February 10, 1994
Instructions on back
Submit to Appropriate District Office
5 Copies

☐ AMENDED REPORT

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

Operator name and Address Gold Star SWD Ltd. Co. Box 1480 Eunice, N.M. 88231		OGRID Number 148431
Reason for Filing Code 3-13 45 To Sell skim oil 300		
API Number 30-025-10500	Pool Name SWD San Andres	Pool Code 96121
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
Lea 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
16872	Sundance Services Inc.	2816488	Q	Same

IV. Produced Water

POD	POD ULSTR Location and Description

V. Well Completion Data

Spud Date	Ready Date	TD	PBTD	Perforations
Hole Size	Casing & Tubing Size	Depth Set	Sacks Cement	

VI. Well Test Data

Date New Oil	Gas Delivery Date	Test Date	Test Length	Tbg. Pressure	Csg. 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:

Printed name:

Royce Crowell

Title:

Manager

Date:

3-13-98

Phone:

304-2504

OIL CONSERVATION DIVISION

Approved by: ORIGINAL SIGNED BY CHRIS WILLIAMS
DISTRICT I SUPERVISOR

Title:

Approval Date:

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

