Revised 1-1-89 See Instructions at Bottom of Page

## OIL CONSERVATION DIVISION

P.O. Box 2088

NAT 882 10

Santa Fe, New Mexico 87504-2088

1.	REQ			BLE AND AUTHOR LAND NATURAL G				
Amoco Produc	duction Co				Well API No.			
Address 15.			-				· · · · · · · · · · · · · · · · · · ·	<del></del>
Reason(s) for Filing Check proper box)	_Stre	et, I	armine	Other (Please exp	8740 plain)	1	·	<del></del>
New Well	Oil	Change in T	ransporter of:	Effective 4-				
Change il Operator			Condensate 🔯				290	2316
If change of oversion give name and address of previous operator								
II. DESCRIPTION OF WELL Lesse Number 1984	AND LE		ool Name, Includ					··
Gallinor Canyon Ur	20 Ko 19		of Lease Federal or Fee	I-149	ise No. } - ጽ4ココ			
Location (In)	. q			N Line and 90	20			
Section 26 Township							<u>uo</u>	Line
				(L) , NMPM,	DAO.	luan		County
III. DESIGNATION OF TRAN Name of Authorized Transporter of Oil	SPORTE	OF OH or Condensal	. AND NATU	RAL GAS Address (Give address to w	hich approved	copy of this form	is to be sen	<i>t</i> )
Menidian Dil 100 Name of Authorized Transporter of Casing	190 Box 4289, Farmington NM 87499 Addiess (Give address to which approved copy of this form is to be sent)							
El Pase Natural Gas Co				Caller Service 4940, Formington NM 87499				
give location of tanks.	أو_ا	26 3	25N 113W	is gas actually connected?	When	, ,		•
If this production is commingled with that f IV. COMPLETION DATA	rom any otl	ier lease or po	ol, give comming	ling order number:				
Designate Type of Completion	- (X)	Oil Well	Gas Well	New Well   Workover	Deepen	Plug Back Sar	ne Res'v	Diff Res'v
Date Spudded		pl. Ready to Pi	rod.	Total Depih	11	P.B.T.D.		L
Elevation (DF, RKH, RT, GR, etc.)	Name of P	roducing Form	nation	Ton Oil/Gas Pay	on Dil/Gas Pau			
levations (DF, RKH, RT, GR, etc.)  Name of Producing Formation					Tubing Depth			
						Depth Casing St	ioe	
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE					SACKS CEMENT		
N My				DEPTH SET				
ft.								
V. TEST DATA AND REQUES	T FOR A	LLOWAB	I.E					
IL WELL Stest must be after re	be equal to or exceed top all	onable for this	depth or be for fi	ul 24 hows.	)			
	Date of Te			Producing Method (Flow, pr	unp, gas lýt, et	c.)		
Length of Test	Tubing Pressure			Casing Pressure	Choke Size			
	Oil - Bbls.			Water - Hbls.		Gas- MCF		
GAS WELL								
Actual Print. Ten - MCF/D	Length of 'I	l'est		Bbls. Condensate/MMCF	Gravity of Condensate			
esting Netherd (pilot, buck pr.)	Tubing Pres	ssure (Shut in)		Casing Pressure (Shut-in)		Choke Size		
/I. OPERATOR CERTIFICA				OII CON	ICEDIA	TION DU	JICION	
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above				OIL CONSERVATION DIVISION				
is true and complete to the thest of my knowledge and belief.				Date ApprovedAPR 0.3 1989				
Supulus				By End Chang				
B.D. Shaw Adm. Supr.				SUL SAVESION DISTRICT # 3				
3-29-89 (505) 325-8841 Date Telephone No.				Title	<del></del>		·	

the state of the s INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.
- 2) All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes. 4) Someto Form C 404 march & 61 (10) and a