

OIL CONSERVATION DIVISION

P.O. Box 2088
Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
 Amaco Production Co. Well API No. _____
 Address
 2325 E. 30th Street, Farmington NM 87401
 Reason(s) for Filing (Check proper box)
 New Well Other (Please explain) _____
 Recompletion
 Change in Operator
 Change in Transporter of:
 Oil Dry Gas Effective 4-1-89
 Casinghead Gas Condensate

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gallegos Canyon Unit	Well No. 217	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. 92000844
Location Unit Letter <u>K</u> : <u>2275</u> Feet From The <u>S</u> Line and <u>1635</u> Feet From The <u>W</u> Line Section <u>13</u> Township <u>28 N</u> Range <u>12 W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Meridian Oil Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington NM 87499
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Co.	Address (Give address to which approved copy of this form is to be sent) Caller Service 4990, Farmington NM 87499
If well produces oil or liquids, give location of tanks. Unit <u>K</u> Sec. <u>13</u> Twp. <u>28 N</u> Rge. <u>12 W</u>	Is gas actually connected? _____ When? _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.					
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	Depth Casing Shoe							

TUBING, CASING AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Choke Size
Actual Prod. During Test	Oil - bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	bbbls. Condensate	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations 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.

B. D. Shaw
 Signature
 B. D. Shaw Adm. Supv.
 Printed Name Title
 Date APR 17 1989 Telephone No. (505) 325-8841

RECEIVED
APR 17 1989

OIL CON. DIV.
DIST. 9

OIL CONSERVATION DIVISION

Date Approved APR 17 1989
 By B. D. Shaw
 Title SUPERVISION DISTRICT # 3

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) Separate Form C-104 must be filed for each well to be tested.