

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

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 Transporter of:

Change in Operator Oil Dry Gas Effective 4-1-89

Casinghead Gas Condensate

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Gallegos Canyon Unit</u>	Well No. <u>230</u>	Pool Name, Including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee	Lease No. <u>92000844</u>
Location: Unit Letter <u>M</u> : <u>790</u> Feet From The <u>S</u> Line and <u>1060</u> Feet From The <u>W</u> Line				
Section <u>23</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 or Condensate
Meridian Oil Inc.

Name of Authorized Transporter of Casinghead Gas or Dry Gas
El Paso Natural Gas Co.

If well produces oil or liquids, give location of tanks. Unit M Sec. 23 Twp. 28N Rge. 12W

Address (Give address to which approved copy of this form is to be sent)
P.O. Box 4289, Farmington NM 87499
Caller Service 4990, Farmington NM 87499

Is gas actually connected? _____ When? _____

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 ton allowable for this depth or be for full 24 hours.)

Date First New Oil Run To Tank _____ Date of Test _____

Length of Test _____ Tubing Pressure _____

Actual Prod. During Test _____ Oil - bbls. _____

Producing (Oil, Gas, prod. gas, etc.) **RECEIVED**

Casing Pressure _____ APR 17 1989 _____ Casing Size _____

Water - bbls. _____ OIL CON. DIV. _____ Gas - MCF _____

DIST. 3

GAS WELL

Actual Prod. Test - MCF/D _____ Length of Test _____

Testing Method (pitot, back pr.) _____ Tubing Pressure (Shut-in) _____

bbls. Condensate/MCF _____ Gravity of Condensate _____

Casing Pressure (Shut-in) _____ _____

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. Supr. Title

Printed Name _____ Telephone No. (505) 825-8841

Date APR 17 1989

OIL CONSERVATION DIVISION

Date Approved APR 17 1989

By [Signature]

Title SUPERVISOR DISTRICT # 3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1101

- 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.