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

DISTRICT II P.O. Diawer DD, Antesia, NM 88210

DISTRICT III 1000 Rio Biama Rd., Azice, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

1.	REQUEST FOR ALLOW	ABLE AND AUTHORIZ DIL AND NATURAL GA	ATION	1			
Amoco Production Co				Well API No.			
Vagtett			l			· · · · · · · · · · · · · · · · · · ·	
Treason(s) for thing (Check proper box)	Street, Farmin	9ton NM 9	3740	11			
New Well Recompletion	Change in Transporter of: Oil Dry Gas] Effective 4-1-	•				
Change in Operator [_] If change of operator give name	Casinghead Gas Condensate	•					
and address of previous operator							
II. DESCRIPTION OF WELL	ading Formation				. !		
Callegos Canyon U	Dakota	Kind State	of Lease Federal or Fe		6856 NO. 308441		
	_ : 15.25 Feet From The _	5 Line and	^ E	cet From The			
Section 19 Townshi	. 00			Juan Ine	<u> </u>	Line	
III. DESIGNATION OF TRAN	SPORTER OF OIL AND NATI			-111111		County	
Meridian_Dil_la	Address (Give address to which	diess (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas or Day Gas Address (Give others to which				Lington	MM 87	1499	
El Pase <u>Natural</u> (If well produces oil or liquids, give location of tanks.	Caller Service 49	27,0P.	rminate	ou NW de	<u>87499</u>		
If this production is commingled with that	from any other lease or pool, give comming	cline order number	_i	· · · · · · · · · · · · · · · · · · ·			
IV. COMPLETION DATA							
Designate Type of Completion		New Well Workover 1	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		1	
levations (DF, RKB, RT, GR, etc.) Name of Producing Formation .		Top Oil/Gas Pay		Tubing Depth			
Perforations				Depth Casing	Shoe		
The state of the s	TURING CASING AND	CUMENTING DECOME					
TUBING, CASING AND C		DEPTH SET		SACKS CEMENT			
			1069				
			<u>, 11</u>	V			
V. TEST DATA AND REQUES	T FOR ALLOWABLE						
) WELL (Test must be after re	covery of total volume of load oil and must	be equal to or exceed top allowable	le for this	depth or be fo	r fidl 24 hows	.)	
The first on Rain to Talia	Date of Test	Producing Method (Flow, pump,	gas lýt, et	c.)			
ength of Test	Tubing Pressure	Casing Pressure		Choke Size			
Actual Prod. During Test	Oil - Ibbls.	Water - Bbls.		Gas- MCF			
GAS WELL					<u> </u>	l	
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Co	ndensate		
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choke Sice	izg ez e r v		
I. OPERATOR CERTIFICA	TE OF COMPLIANCE	011 00110	l				
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above		OIL CONSE	ERVA	TION E		1	
is true and complete to the best of any knowledge and belief.		Date Approved App. 4.4					
(S) \ hau 1		Date Approved — APR 11 1989					
Signature	By But Chang						
Printed Name	SUPERVISION DISTRICT # 3						
Date APR 1 1989 (505) 325-8841 Telephone No.							

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
- 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 is