Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240

Energy, Minerals and Natural Resources Department

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

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OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Urazos Rd., Aziec, NM 87410

DISTRICE II P.O. Drawer DD, Anesia, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I.		O THA	NSPORT OIL	· WIAD LA	ATUNAL GA					
Operator						Well /	VPI No.			
Amoco Produc	tion_	Co								
Address										
2325 E. 30+h	Stree	2+.	Farming	ton	NM	8740	1			
Reason(s) for Filing (Check proper box)					Uner (Please explai	in)	1			
New Well		Change in	Transporter of:			a 0				
Recompletion	Oit		Dry Gas	Effec	tive 4-1	-84			1	
Change in Operator Casinghead Gas Condensate					ે ૧૦૩ ૩ ૨					
If change of operator give name	Casingina	O	Contoenate E.J					<u> </u>	40334	
and address of previous operator	···	·								
•		0.0								
II. DESCRIPTION OF WELL.	AND LEA								· · · · · · · · · · · · · · · · · · ·	
ease Name Well No. Pool Name, Includi				· · · · · · · · · · · · · · · · · · ·			of Lease No.			
Gallegos Canyon Unit 230E Sin				Sallup 131			alc. Federalor Fee SF-07890			
Location				1	1					
Unit Letter	:_1070)	Feet From The	5 1	ine and Un30) Fe	et From The	E	Line	
			Tea Hom The		and and		ct 1 10m 11m.			
Section 23 Township	281	1	Range 12 t	υ ,	NMPM,	San :	7000		County	
		·		<u>~1</u>		Z-M!1	777017	·		
III. DESIGNATION OF TRAN	SPORTEI	2 OF OI	L AND NATH	DAT. CA	e					
Name of Authorized Transporter of Oil		or Conden	the second of the second of the second		ive address to whi	ch approved	cany of this f	wm is to he se		
•		01 00,140,1	44	1					•	
Meridian Dil Inc					PO Box 4289, Farmington NM 87499					
Name of Authorized Transporter of Casinghead Gas or Diy Gas					1-					
El Paso Natural Gas					Caller Service 4990, Farminaton NM 87499					
If well produces oil or liquids,	Unit	Sec.	Twp. Rgc.	le gae actu	ally connected?	When	7	•	į	
give location of tanks.	101		78N 15M	,	No	l]	
If this production is commingled with that t	from any othe	r lease or p	ool, give commingl	ing onler m	шьег:					
IV. COMPLETION DATA										
		Oil Well	Gas Well	New Wo	II Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion	- (X)	İ	Ì	Ì	i i	·		İ	i	
Date Spudded	Date Comp	l. Ready to	Prod.	Total Dep	h		P.B.T.D.	I		
•		_								
Elevations (DF, RKB, RT, GR, etc.)	Name of Pr	Aucine Fo	nuation	Top Oil/G	is Pay		Tubing Dep	h		
Perforations				,				1 in the second		
				L				Depth Casing Shoe		
							Dejan Casin	6 UIOU .		
	TUBING, CASING AND				CEMENTING RECORD			· ,		
HOLE SIZE	CAS	ING & TU	BING SIZE	ļ	DEPTH SET		SACKS CEMENT			
						 	,			
						~				
	l						<u> </u>			
V. TEST DATA AND REQUES	T FOR A	LLOWA	ABLE							
OIL WELL (Test must be after ro	ecovery of to	al volune	of load oil and must	be equal to	or exceed top allo	wable for thi	depth or be	for full 24 hou	urs.)	
Date First New Oil Run To Tank Date of Test					Method (Flow, pw	np, gas lýt, e	ic.)			
	1								·	
Length of Test	Tubing Pres	sure		Casing Pre	esunc		Choke Size			
					()				ł	
Actual Prod. During Test	Oil - Bbls.			Water - Duta			Gas-MCF			
rectain free. During reac	Oit - Buis.									
	l <u>.</u>			l	APR-	<u> </u>	<u> </u>	·		
GAS WELL					200 600	. % + 21 kJ	2 € 1 !		1	
Actual Prod. Test - MCF/D	Length of 'I	est		Bbls. Con	len ble/MMICF	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Gravity of C	ondensate		
	1			DIST: 9 ····			A CONTRACTOR OF THE PARTY OF TH	e a special service	· ·	
lesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size	Andrea Contractor		
, and the state of		•	•		,					
	·			1			J		`	
VI. OPERATOR CERTIFIC					OIL CON	CEDV	ATION	טואופוע	M	
I hereby certify that the rules and regulations of the Oil Conservation					OIL CON	SELA	HION	DIAIOIC	אוע	
Division have been complied with and that the information given above							ADD as	1000	# 12 - 2	
is true and complete to the best of my knowledge and belief.					te Approved	ŀ	APR 03	1989	. • . • .	
ω λ ()					.5.1.1010101		· · · · · · · · · · · · · · · · · · ·	1	17.	
(X),) haw					By_ Bull Chang					
Signature							•	५ ५८कार काळ	/ · · · · · · · · · · · · · · · · · · ·	
B.D. Shaw Adm. Supr						SUPER	ATPION D	ISTRICT	्रा 🤝	
Printed Name			Title	Til	e		· · · · · · · · · · · · · · · · · · ·	•		
3-29-89 (5	505) 3:	15-88	.41	11 "	~				· , · ·	

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. with Rule 111.