DISTRICT I P.O. Box 1980, Hobbs, NM 88240 DISTRICT I P.O. Drawer DO Antesia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico, 87

DISTRICTIII	•	/ INICATED 6/304-2088					
1000 Rio Urazof Rd., Aztec, NM 87410	REQUEST FOR ALLOW		_				
Operatur		OIL AND NATURAL GA		API No.			
Amara Produ							
Resson(s) for Filing (Check proper box)	Street, Farmin	19ton NM	8740	1			
New Wall Recompletion	Change in Transporter of:	Effective 4-1					
Change in Operator	Oil Dry Gan Casinghead Gas Condensate	·					
If change of operator give name and address of previous operator							
II. DESCRIPTION OF WELL	L AND LEASE Well No. Pool Name, Inc	de Europe				. 1	
Gallegos Canyon Unit 2015 Basin				of Lease Federador Fee		Leaso No. 278 828 £	
Location Unit Eletter						10.300	
Section \ Towns	2 - 1	Line and 185			<u>_</u>	Line	
			San.	Juan		County	
Name of Authorized Transporter of Oil	NSPORTER OF OIL AND NAT	FURAL GAS Address (Give address to white	ch approved	converthis G			
Meridian Dil Ir Name of Authorized Transporter of Casi		190. Box 4289. Forminaton Nm 87400					
El Pase Natural	Gas Co	Addiess (Give address to whice 4	ch approved 990 Fo	copy of this for	rm is to be s	87490 en)	
If well produces oil or liquids, give location of tanks.	Unit	Re. It gas actually connected?	When	7	17-1/1/17	91777	
If this production is commingled with the IV. COMPLETION DATA	I from any other lease or pool, give comm	ingling order number:	l 				
Designate Type of Completion	Oil Well Gas Well	New Well Winkover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		_i	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation .	Top Oil/Gas Pay					
Perforations -		Top Old Gas Tay	Top Old Cas (2)		Tubing Depth		
				Depth Casing	Shee		
HOLE SIZE	TUBING, CASING AN	D CEMENTING RECORD					
	- Ondivid a Tobina Size	DEPTHISET		SACKS CEMENT			
				J			
V. TEST DAȚA AND REQUE	ST FOR ALLOWABLE	Oi - i					
OIL WELL (Test must be after) Date First New Oil Run To Tank	recovery of total volume of load oil and mi	ust be equal to or exceed top allow	ible for this	depth or be for	· full 24 how	/s.)	
	Date of Test	Producing Method (Flow, pump	r, gas lýl, el	c.)			
Length of Test	Tubing Pressure	Casing Pressure		Choke Size		 .	
Actual Prod. During Test	Oil - DUIs.	Water - Iblis		Gas- MCP			
GAS WELL					<u> </u>	ii '	
Actual Prod. Test - MCF/D	Length of Test	BUS. Condensate/MMCF		Gravity of Con	densate	-	
lesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)		Choke Size	 	<u> </u>	
VI ODED ATOD GENTREG	A TUD OO CO		e of the second	The state of the s	Simestines .	~	
VI. OPERATOR CERTIFIC 1 hereby certify that the rules and regula	ations of the Oil Conservation	OIL CONS	ERVA	TION D	IVISIO	N	
Division have been complied with and is true and complete to the best of my k	that the information given above				, , , , ,	•	
1305 have		Date Approved	API	? 11 1989	<u> </u>		
Signature		By		· + 130:	,	I	
B.D. Shaw Printed Name	Adm. Supy		march 7. Proces	DELETE NO	70m # 5		
APR 1 1 1989 (5	05) 325-8811	Title	<u> 1. s. 1. s.</u>	. A 1. 2.2 U.S.	101 # 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 pool in multiply completed walls