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

DISTRICT II P.O. Chawer DD, Apresia, NM 88210

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088 DISTRICT III 1000 Rd., Azicc, NM \$7410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Well API No. Maca Production Co Resson(s) for Filing (Check proper box) 30+P Street Farmington $n \omega$ Other (Please explain) New Well Change in Transporter of: Recompletion Dry Gas Effective 4-1-89 Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Gallegos Canyon Unit Lease No. 1233E Basin Dakota State, Federa) or Fee Location 078828A Unit Letter . 1850 Feet From The __ Line and _ 1850 Feet From The Township 38 N 13 W Range , NMPM, County JII. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Achiess (Give achiess to which approved copy of this form is to be sent) IMeridian_Dil Jncz P.O. Box 4289, Farmington NM 87499
Addicss (Give achivess to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas or Dry Gas El Paso Natural Gas Caller Service 4990, Farmington NM 87499
Is gas actually connected? | When? If well produces oil or liquids, Unit Twp. Sec. Rge. give location of tanks, Is gas actually connected? 1_____ MELINSCI LET If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Designate Type of Completion - (X) Deepen | Plug Back | Same Rea'v Dill Res'v Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D. Elevations (I)F, RKB, RT, GR, etc.) Name of Producing Formation Top Oil Gas Pay Tubing Depth Perforation Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (l'est must be after recovery of total volume of load oil and must this depth or be for full 24 hours.) Date First New Oil Run To Tank Date of Test Length of Test Tubing Pressure A'PR'**1** 7 1989 Choke Size Actual Prod. During Test Oil - Bbls. WANTEON. DIV. Gas- MCP DIST. 3 GAS WELL Actual Prod. Test - MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate l'esting Method (pitot, back pr.) Casing Pressure (Shulfff) arresus Tubing Pressure (Shut in) Choke Size VI. OPERATOR CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation OIL CONSERVATION DIVISION Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Date Approved Signature $B_{\cdot}D$ Jule DX Printed Name SUPERVISION DISTRICT # 3 Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

505) 325

Dale

- 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.

-8841

Telephone No.

3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number transcourage