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

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

## OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

DISTRICT III 1000) Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

подписти подпист подпист

Operator	•	TO TRAI	NSPORT C	IL AND N	ATURAL (	GAS	-			
1 ^					The state of the s			ell API No.		
Addiess -			<del></del>				gar jagan saka		3 270 00	
Reason(s) for Filing (Check proper be	(x)	•	farmin	8485 O	NM ther (Please ex	874 (	ν			
New Well	Oil		Transporter of:	Effec	tive 4	-1-89	* * * * * * * * * * * * * * * * * * * *	1 1 9 1 <b>9</b> 1	ال الله عصد الله	
Change in Operator  If change of operator give name	Casinghead		Condensate 🔀	•			**************************************		ere e ve	
and address of previous operator							***	DIST. 3	<del>4 V . j</del>	
II. DESCRIPTION OF WEI		- ·		****						
Gallegos Canyon	Unit 156E Basin			1			of Lease No. Fedgin or Fee 1-149-1NO-K4			
Unit Letter	18	50 r	ect From The _	S (ii	ne and 70	R∧ r	eet From The	4)		
Section 26 Town	iship 28			_	ІМРМ,				Line	
III. DESIGNATION OF TR	A NCDADTED					San	71100	C	ounty	
Traine of Authorized Hansbutter of Or	، اسا ،	or Condensal	e ⊠	JRAL GAS Address (Gi	ve achtress to w	hich approve	Loon of this form	is to be seed	······································	
Meridian Dil 1 Name of Authorized Transporter of Ca	Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington NM 87499 Address (Give address to which approved copy of this form in the sent)									
El Pase Natural	The sent to which approved copy of this form is to be sent									
If well produces oil or liquids, give location of tanks.	vell produces oil or liquids, Unit Sec. Twp. R			Caller Service 4990, Farmington NM 87499 Is gas actually connected?   When?					<del>1</del> 99_	
I this production is commingled with the	nat from any other	lease or poo	8 N   13 W	ling onler muni		l	<del></del>			
V. COMPLETION DATA	<del></del> .		-, <del></del>	<del></del>				<del></del>	<del></del>	
Designate Type of Completic	on - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back   San	ic Res'v Diff	Res'v	
Date Spudded	Date Compl.	Date Compl. Ready to Prod.			Total Depth		P.B.T.D.			
Perforations (DF, RKB, RT, GR, etc.)  Name of Producing Formation				Top Oil/Cas I	Pay		Tubing Depth			
all arministration and descriptions in a resignation of the section of the sectio							Depth Casing Sh	DC		
HOLE SIZE	DING, C	ASING AND	CEMEN'III	NG RECOR	D	!				
TISCE VILL	CASIN	IG & TUBII	NG SIZE	DEPTH SET			SACKS CEMENT			
/ Then name and the							ļ			
'. TEST DATA AND REQUIDE WELL (Test must be after	EST FOR AL	LOWABI	LE	h		•	·		J	
Date First New Oil Run To Tank	w Oil Run To Tank Date of Test				be equal to or exceed top allowable for this depth or be for full 24 hours.)  Producing Method (Flow, pump, gas lift, etc.)					
ength of Test	Tubing Pressu	Tubing Pressure			Casing Pressure			Choke Size		
ictual Prod. During Test	Oil - Ilbis.			Water - fible.			Gas- MCP			
GAS WELL			<del></del>							
uctual Prod. Test - MCF/D	Length of Test	<u> </u>	- <del></del>	Bbls. Condens	ale/MNCF	<del></del>	Gravity of Conde	neale.	<del></del> 1	
Tubing Method (pitot, back pr.) Tubing Pressure (Shut-in)				Casing Pressure (Shut-in)						
							Choke Size			
I. OPERATOR CERTIFIC					UL CON	OFDIA	TION DO	40.01		
I hereby certify that the rules and regineration have been complied with an	d that the informat	ion given ab	n xove		VIL COM	SEHVA	TION DIV	ISION		
is true and complete to the best of my	knowledge and b	clief.		Date	Approved	1 n	DD 11 400			
1803 haw				APR 11 1999						
Signature A. S.				By						
B.D. Shaw Adm. Supy Print APR 5 1989 (505) 325-8841				TitleSUPERVISION DISTRICT #3						
Date	5027332	LL&&LL Telephon	e No.						<del></del>	

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