Kevisca 1-1-69 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICE III

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator						· · · · · · · · · · · · · · · · · · ·	Well	API No.			
Amoco Produc	+:	0 -					ł				
Address	-1_1011_	Ω						_			
2325 E 30+h	Stro	o +	Free	mina	ton	11100	8740	1			
Reason(s) for Filing (Check proper box)	7115	<u></u>	_1_ <u>7_</u> 1_1	111111111111111111111111111111111111111	Oth	et (Please expla		- 			
New Well		Change in	Transpo	rter of:			9.0				
ew Well Change in Transporter of: completion Diy Gas Effective 4-1-89										i	
Change in Operator	Change in Operator Casinghead Gas Condensate								a	10449	
If change of operator give name		 								· · · · · · · · · · · · · · · · · · ·	
and address of previous operator						······································					
II. DESCRIPTION OF WELL A	AND LEA	ASE									
Lease Name	ease Name Well No. Pool Name, Including							nd of Lease No.			
Callegos Canyon Unit Com A 142 Basin [Dakata Sialo			Federal or Fee		
Location 1											
Unit Letter : 790 Feet From The S Line and 1535 Feet From Tho E Line											
No.								_			
Section 25 Township	196	J	Range	190	υ <u>, Ν</u> Ι	MPM,	San.	Juan		County	
	ononara	D OFF OF		to blamer						•	
III. DESIGNATION OF TRANS											
Name of Authorized Transporter of Oil or Condensate						Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas or Dry Gas						P.O. Box 4289, tacmington NM 87499					
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						Addiess (Give address to which approved copy of this form is to be sent)					
EI Pasa Natural Gas well produces oil or liquids, Unit Sec. Twp. Rge.					ls gas actuali		Wher				
give location of tanks.			-	119m	Ye		1	 4-14-1	44		
If this production is commingled with that f									<u>v.i</u>		
IV. COMPLETION DATA		1	J~~~, 5 ··	• • «Мізініны	ing onser name					 	
		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completion -	- (X)	i	i		1		i,				
Date Spudded	Date Comp	l. Ready to	Prod.	· · · · · · · · · · · · · · · · · · ·	Total Depth	·	I	P.B.T.D.	· .		
447	İ							_	*		
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Gas Pay			Tubing Depth			
Perforations								Depth Casir	ig Shoe	:	
<i>3</i> 1							<u>-</u>	<u> </u>	· · · · · · · · · · · · · · · · · · ·	·	
TUBING, CASING AND (
HOLE SIZE CASING & TUBING SIZE					DEPTH SET			- <u>-</u>	SACKS CEMENT		

								-			
								-			
V. TEST DATA AND REQUES	TFORA	LLOW	ABLE					. 1			
OIL WELL (Test must be after re				oil and musi	be equal to or	exceed top allo	onable for th	is depth or be	for full 24 hou	rs.)	
						chied (l'low, pu	unp, gas lift,	eic.)			
Í;									, A		
Length of Test	Tubing Pressure				Casing Profes	ne		Choke Size	Choke Size		
							11 14		25-12-12-12-12-12-12-12-12-12-12-12-12-12-		
Actual Prod. During Test Oil - Ibbs.					Water - IIbls.			Gas- MCF			
								J]		
GAS WELL										T_{ij}^{*}	
Actual Prod. Test - MCI/D Length of Test					Hbls. Conder	isate/MMCF		Gravity of	Gravity of Condensate		
:	i								1		
l'esting Method (pitot, back pr.)	Tubing Pro	ssure (Shut	-in)		Casing Press	are (Shut-in)		Choke Size			
	<u> </u>									·	
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAN	NCE		au aa.	1050		D !! (1016		
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 ApprovedAPR 0.3 1989						
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<u> </u>						By Bus Chang					
Signature Adam Succession					-	SUPERVISION DISTRICT # \$					
B.D. Shaw Adm Supx					Title		BUPER	ATRIONI	/ 1 7 20-	•	
3-29-89 (505) 325-8841					11116			 		11 - 3	
Date		Tele	phone t	lo.						7.6 57 7.6	
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INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

- (特性)消費率 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance h changes
- 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.
- A) Copposite Boson C 10st pages ha tiled for and word in makingle or produced mally