

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

I. Operator Amaco Production Co. Well APT No. \_\_\_\_\_  
Address 2325 E. 30th Street, Farmington NM 87401  
Reason(s) for Filing (Check proper box) ☐ Other (Please explain) \_\_\_\_\_  
New Well ☐ Change in Transporter of: \_\_\_\_\_  
Recompletion ☐ Oil ☐ 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 Gallegos Canyon Unit Well No. 163 Pool Name, Including Formation Basin Dakota Kind of Lease State, Federal or Fee Lease No. SF-078926A  
Location \_\_\_\_\_  
Unit Letter O : 840 Feet From The S Line and 1525 Feet From The E Line  
Section 26 Township 29 N Range 13 W , NMMP, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Address (Give address to which approved copy of this form is to be sent) \_\_\_\_\_  
Meridian Oil Inc. P.O. Box 4289, Farmington NM 87499  
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent) \_\_\_\_\_  
El Paso Natural Gas Co. Caller Service 4990, Farmington NM 87499  
If well produces oil or liquids, give location of tanks. Unit 0 Sec. 26 Twp. 29 N Rge. 13 W Is gas actually connected? \_\_\_\_\_ When? \_\_\_\_\_

If this production is commingled with that from any other lease or pool, give commingling order number: \_\_\_\_\_

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v
Date Spudded	Date Compl. Ready to Prod.			Total Depth	P.B.T.D.				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas Pay	Tubing Depth				
Perforations						Depth Casing Shoe			
HOLE SIZE		TUBING, CASING AND CEMENT CEMENT		DEPTH SET		SACKS CEMENT			
		CASING & TUBING SIZE		APR 11 1989					
				OIL CON. DIV.					
				DIST. 3					

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)  
Date First New Oil Run To Tank \_\_\_\_\_ Date of Test \_\_\_\_\_ Producing Method (Flow, pump, gas lift, etc.) \_\_\_\_\_  
Length of Test \_\_\_\_\_ Tubing Pressure \_\_\_\_\_ Casing Pressure \_\_\_\_\_ Choke Size \_\_\_\_\_  
Actual Prod. During Test \_\_\_\_\_ Oil - bbls. \_\_\_\_\_ Water - bbls. \_\_\_\_\_ Gas - MCF \_\_\_\_\_

GAS WELL

Actual Prod. Test - MCF/D \_\_\_\_\_ Length of Test \_\_\_\_\_ bbls. Condensate/MMCF \_\_\_\_\_ Gravity of Condensate \_\_\_\_\_  
Testing Method (pilot, back pr.) \_\_\_\_\_ Tubing Pressure (Shut-in) \_\_\_\_\_ Casing Pressure (Shut-in) \_\_\_\_\_ Choke Size \_\_\_\_\_

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature B. D. Shaw Adm. Supv.  
Printed Name B. D. Shaw Title \_\_\_\_\_  
Date APR 11 1989 Telephone No. (505) 325-8841

OIL CONSERVATION DIVISION

Date Approved APR 11 1989  
By B. D. Shaw  
Title SUPERVISION DISTRICT # 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 well to be completed.