Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

Energy, Minierals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

I.	REQUEST FOI TO TRAN	R ALLOWAI ISPORT OIL							
Operator			Well						
Amaco Produ	ction Co.	^ <del></del>						<del></del>	
2325 E 30+h	Street, F	prima	400	<i>n</i> m	8740	1	74.5		
Reason(s) for Filing (Check proper box) New Well	Change in Tr	•	՝ [] Oth	et (Please explo	•				
Recompletion		ry Gas	Effect	ive 4-1	1-89				
Change in Operator	290338					033 <b>8</b>			
If change of operator give name and address of previous operator									
II. DESCRIPTION OF WELL								j j	
Lease Name Callegos Canyon Unit				of Lease No. Federal of Fee					
Location Unit Letter	: 1550 F	ect From The	5Line	e and <u>213</u>	50F	cet From The	E	Line	
Section 28 Townsh	ip 29N R	ange lau	ји, (	мгм,	San:	Juan		County	
III. DESIGNATION OF TRAN	SPORTER OF OIL	AND NATU	RAL GAS					•	
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, tarmington NM 87499 Address (Give address to which approved copy of this form is to be sent)					
_						Farmington NM 87499			
If well produces oil or liquids, Unit Sec. Twp. Rge.				Is gas actually connected? When?				1 -	
If this production is commingled with that		AN LIOM	Ye:			12-9-	64	·	
IV. COMPLETION DATA		a, give continuingi	iing ofter num	жг:			<del></del>	<del></del>	
Decignate Type of Canalytica	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Dack	Same Res'v	Diff Res'v	
Designate Type of Completion  Date Spudded	Date Compl. Ready to Pr	]	Total Depth		l	P.B.T.D.	1	4	
•		•			P.B. I.D.	P.B. I.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Form	Top Oil/Gas Pay			Tubing Depth				
Perforations				<u> </u>			Depth Casing Shoe		
	MILD NO. O	· Culton				<u> </u>		•	
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE						1			
HOLE SIZE	CASING & TUBII	NO SIZE	DEPTH SET			SACKS CEMENT			
						· · · · · · · · · · · · · · · · · · ·			
				<del></del>					
V. TEST DATA AND REQUE	ST FOR ALLOWAR	LE ,	I			J	<del></del>		
OIL WELL (Test must be after the Date First New Oil Run To Tank	ecovery of total volume of l	oad oil and must					for full 24 hou	rs.)	
Date Liter Mem Oil Kill 10 15UK	Date of Test	Producing Method (Flow, pump, gas lift, el			etc.)	c.)			
Length of Test	Tubing Pressure	Casing Pressure			Choke Size				
Actual Prod. During Test	Oil - Bbls.		Water - Bbls.			Gas- MCIP			
	J				- 0 (Cb)		•		
GAS WELL				Sec. 14.			65/1 N		
Actual Prod. Test - MCF/D	Length of Test	Ibls. Condensate/MMCF			Gravity of Condensate				
esting Method (pitot, back pr.) Tubing Pressure (Shut-in)		Casing Pressure (Shut-in)			Choke Size				
VI. OPERATOR CERTIFICATE OF COMPLIANCE				VI CON	CEDV	ATION I		\\	
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above				OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief.				Date Approved APR 03 1989					
1315Laur				11 / /					
Signature				By Buch					
Printed Name  Printed Name  Title  Title				SUPERVISION DISTRICT #					
				Title					

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

Date

- 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.

Telephone No.

- 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 wells.