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

OIL CONSERVATION DIVISION

P.O. Box 2088

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

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

Santa Fe, New Mexico 87504-2088

I.	REQUEST FOR	ALLOWA	ABLE AND AUTHORIZA	ATION			
Operator	imoco Production Co			Well API No.			
Address COGO	etion Co						** ***********************************
Reason(s) for Filing (Check proper box)	Street, Fr	remine		סוידג	1		
New Well []	Change in Tran		Other (Please explain)				
Change in Operator	Oil L Dry Casinghead Gas Con	densate	Effective 4-1	9 1			
If change of operator give name and address of previous operator						<u></u>	
II. DESCRIPTION OF WELL	1				. 1		
Callegos Canyon U	nit Well No. Puo	Sasin (of Leaso Federal or Fee	Lc	ase No.
Unit Letter D : 1120 Feet From The N Line and 820 Feet From The W							
Section 25 Township 29 N Range 13 W NMPM, San Juan County							
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS							
Meridian Dil la	Address (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Casin F1 Pase Natural	Address (Give achivers to which approved copy of this form is to be sent)						
If well produces oil or liquids, give location of tanks.	la gas actually connected? When?						
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, p	N 13w give commingl	ing order number:	.l			
Designate Type of Completion	(V) Oil Well	Gas Well	New Well Workover D	ecpen	Plug Back Same	Res'v	Dilf Res'v
Date Spauded	Date Compl. Ready to Prod.		Total Depth	i			JII KES V
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	İ	·		P.B.T.D.		
Perforations		Top Oil/Gas Pay		Tubing Depth			
T COLON BERTAIN					Depth Casing Sho	e	•
HOLE SIZE	TUBING, CAS	ING 👣	ENGVENOVE EN LO				
HOLL SIZE	CASING & TUBING	SIZE	DEMINSE U		SACK	S CEMEN	T
			APR 1 1 1989				
V. TEST DATA AND DECOURS	ST FOR ALL OWARD	<u> </u>	L CON. DIV.,				
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 Took							
Date First New Oil Run To Tank	Date of Test		Producing Method (Flow, pump, 8	ar lýt, etc	:)	24 11010 3.,	
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
Actual Prod. During Test	Oil - Itbla.		Water - fible		Gas- MCF		
GAS WELL	I						
Actual Prod. Test - MCF/D Length of Test			Dbls. Condensate/MMCF		Gravity of Condensate		
sting Method (pitot, back pr.) Tubing Pressure (Shut-in)			Casing Pressure (Shut in)	4 1000 - 21	Choke Size	* 50 E	
VI. OPERATOR CERTIFICATE OF COMPLIANCE			OIL CONSERVATION DIVISION				
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.			Date ApprovedAPR 11 1989				
Signature A i			By				
Printed Name Printed Name Title			SUPERVISION DISTRICT # 2				
Date (5	Title	· · · · · · · · · · · · · · · · · · ·	7 				
	205) 325-8841 Telephone 1						

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

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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.