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

## OIL CONSERVATION DIVISION

P.O. Box 2088

or that it is guid**ices to** substan

Santa Fe, New Mexico 87504-2088

DISTRICT.III 1000 Rio Britos Rd., Aziec, NM 87410 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Well API No. Operator Production Co Amoca Address retenimed. 30+1 Street. nmReason(s) for Filing (Check proper box) Other (Please explain) Change in Transporter of: New Well Effective 4-1-89 Dry Gas Recompletion ٦ Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator **II. DESCRIPTION OF WELL AND LEASE** Lease Maine Well No. Pool Name, Including Formation Kind of Lease Lease No. State, Federal of Fee Gallegos Canyon Unit 150 Basin Dakota Location Feet From The \_\_\_\_ Line and \_\_\_\_ 790 \_\_\_ Feet From The \_\_ 800 Unit Letter 29N Law, NMPM, Juan 22 Township Range County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Cive address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington NM 87499 Meridian Dil Inc. Address (Give achives to which approved copy of this form is to be sent) or Dry Gas 🔀 Name of Authorized Transporter of Casinghead Gas El Pase Natural Gas Caller Service 4990, Farmington NM 87499 0 If well produces oil or liquids, Is gas actually connected? Twp. Unit Sec. Rgc. When ? give location of tanks. حدا 130 Jan |w|If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover | Deepen | Plug Back | Same Res'v Diff Res'v Designate Type of Completion - (X) Total Depth Date Syndded Date Compl. Ready to Prod. PRTD Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Tubing Depth Perforations Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (l'est 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 Producing Method (Flow, punp, gas lift, etc.) Date of Test Length of Test Choke Size Casing Pressure Tubing Pressure Water - Bbls. Gas- MCF Actual Prod. During Test Oil - libls. GAS WELL Actual Fred. Test - MCF/D Bbls. Condensate/MMCF Gravity of Condensate Length of l'est Casing Pressure (Shut-in) l'esting Method (pitot, back pr.) Tubing Pressure (Shut-in) 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 Approved. Signature By\_ B.D. Shaw SUPERVISION DISTRICT # 3

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

(505) 325:

Printed Hame

Date APR = 5 1989

1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

Title\_

2) All sections of this form must be filled out for allowable on new and recompleted wells.

Title

Telephone No.

8841

- 3) Fill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.
- Separate Form C 101 must be filed for each pool to melvioly completed wells,