Appropriate District Office DISTRICT I P.O. Box 1980/18xbay NM 88240

Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III Rd., Aziec, NM 87410

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

Santa Fe, New Mexico 87504-2088

I					AUTHURI ATURAL G					
Operator					Well Al			Pl No.		
Amoco Produc	<u>asiti</u>	Co		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·					
2325 E 30+h	Stre	et. f	armino	ton	NM	8740	1			
Reason(s) for Filing (Check proper box) New Well		Change in T		, [] c	other (Please expl	ain)				
Recompletion	Oil		ory Gas	Effec	tive 4-	1-89				
Change in Operator 77 [_]	Casinghea	d Gas C	ondensate X		- ···				290394	
If change of operator give name and address of previous operator										
II. DESCRIPTION OF WELL	AND LE								1 4 - 3.	
Lease Name	Well No. Pool Name, Includi						f Lease Lease No. Federal or Fee G G G G G			
Callegos Canyon Unit (it Com C 144 Basin [Jakata			B-9145		
Unit Letter	:9	5 <u>0</u>	ect From The _	<u>w</u>	ine and <u>16</u>	50 F	cet From The	S	Line	
Section 1 to Townshi	P	N R	ange 121	n	NMPM,	San:	Juan		County	
III. DESIGNATION OF TRAN	SPORTE			RAL GAS	S					
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. Name of Authorized Transporter of Casinghead Gas or Dry Gas					P.O. Box 4289, Farmington NM 87499 Addicss (Give address to which approved copy of this form is to be sent)					
El Paso Natural Gas					Caller Service 4990, Farminaton Nm 87499					
If well produces oil or liquids, give location of tanks.	Unit	:		le gas actu	ally connected?	When	7	·		
If this production is commingled with that	from any oth		OI, give conuning		es mber:		6-17-6	4		
IV. COMPLETION DATA		1200 000		· · · · · · · · · · · · · · · · · · ·						
Designate Type of Completion	- (X)	Oil Well 	Gas Well	New Wel	Workover -	Deepen	Plug Back Sai	me Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.			Total Dept	h	L	P.B.T.D.		ş1 %	
vations (DF, RKB, RT, GR, etc.) Name of Producing Formation				Top Oil/Ga	Top Oil/Gas Pay			Tubing Depth		
Perforations								Depth Casing Shoe		
<u> </u>							Depart Casting St	ios ,		
				CEMENT	CEMENTING RECORD			, ,		
HOLE SIZE	CAS	SING & TUBI	NG SIZE	DEPTH SET			SACKS CEMENT			
										
V. TEST DATA AND REQUES			•							
OIL WELL (Test must be after recovery of total volume of load oil and must bate First New Oil Run To Tank Date of Test					or exceed top allo			idl 24 ho	urs.)	
Length of Test	Tubing Pre	ssure		Casing Pres	Casing Pressure			Choke Size		
Actual Prod. During Test	Oil - Bbls.			Water - Hb	Water - lible			Gas- MCF		
···		· · · · · · · · · · · · · · · · · · ·	-		· · · · · · · · · · · · · · · · · · ·	_ ~~ 9		. 6. 	4.3	
GAS WELL						٠.		100		
Actual Prod. Test - MCF/D	Length of	l'est		Bbls. Condensate/MMCF			Gravity of Cond	enrale	in the second se	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut-in)			Choke Size			
VI. OPERATOR CERTIFIC	ATE OF	COMPL	IANCE		011 00:		ATIOM 5			
I hereby certify that the rules and regulations of the Oil Conservation					OIL CON	19EHV	ATION DI	viSI(NC	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Dat	Date Approved					
(3/5)					APR 0 9 1989					
Signature					By					
B.D. Shaw Adm. Supx				D. J. Jung						
Printed Name Title 3-29-89 (505) 325-8841						SUPERV	TOTON DIST	LUL	π ₁ υ -1, ο	
Date		Telepla	one No.	H					2.5	

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

美国1000年11 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance

- All sections of this form must be filled out for allowable on new and recompleted wells.
- 3) Pill out only Sections I, II, III, and VI for changes of operator, well name or number, transporter, or other such changes.

THE RESERVE AND ADDRESS OF THE PERSON OF THE

4) Separate Form C-104 must be filed for each pool in multiply a employed walls.