## OIL CONSERVATION DIVISION

Commence and characters commence in programment

P.O. Drawer DD, Ariesia, NM 88210	P.O	. Box 2088 Mexico 87504-2088	·
DISTRICT III 198. 1000 Rie lirazos Rd., Azicc, NM 87410	REQUEST FOR ALLOW	/ABLE AND AUTHORIZATION	1
I. Operator	TO TRANSPORT (	OIL AND NATURAL GAS	II API No.
1 ^ · ·	ection Co		
Reason(s) for Filing (Check proper box) New Well		1947 NM 874	01
Recompletion	Change in Transporter of: Oil Dry Gas Casinghead Gas Condensate	] Effective 4-1-89	
and address of previous operator			
II. DESCRIPTION OF WELI	Well No.   Pool Name, Inc	luding Formation Kin	d of Lease No.
Callegos Canyon C	Unit 1875 Basin	Dakota Sta	e Tederal of Fee 9200844
Unit LatterN	: 805 Fed From The	5 Line and 1600	Feet From TheLine
Section 30 Towns	hip 29 N Range	aw, NMPM, San	Juan County
III. DESIGNATION OF TRA Name of Authorized Transporter of Oil	NSPORTER OF OIL AND NAT		
Meridian Oil Inc.		Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington NM 87499	
Name of Authorized Transporter of Casi El Pase Natural		Address (Crive address to which approve	ed copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.		Re. 11 821 actually connected? Whe	racmington NM 87499
If this production is commingled with the IV. COMPLETION DATA	t from any other lease or pool, give commi	ngling order number:	
Designate Type of Completion	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
	TUBING, CASING AN	D CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
		APA1 1 1983	
V. TEST DATA AND REQUE	er Exh all awares	DIST. 3	
OIL WELL . (Test must be after t	recovery of total volume of load oil and mi	ist be equal to or exceed top allowable for th	is depth or he for full 24 hours
Date First New Oil Run To Tank	Date of Test	Producing Method (Flow, pump, gas lýt,	elc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - libis.	Water - Bbls.	Gas- MCI <sup>†</sup>
GAS WELL			
Actual Frod Test - MCF/D	Length of Test	libis. Condensate/MMCF	Gravity of Condensate
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Slag
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		OIL CONSERVATION DIVISION	
is true and complete to the best of my knowledge and belief.		Date ApprovedAPR 11 1989	
Signature Naw		By 3 2 2	
B.D. Shaw Adm. Supy		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.

(505) 325-8841 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 tool in publishy completed wells.