DISTRICT I P.O. For 1980, Robbs, NM 88240 DISTRICE II P.O. Drawer DD, Anesia, NM 88210

OIL CONSERVATION DIVISION

. in the Admirals and Hamiltonia Largestionia.

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 100 Rd., Aziec, NM 87410	Santa Fe, New Mexico 8/504-2088				
	REQUEST FOR ALLOWABLE AND AUTHORIZ				

1000 Rio Brazos Rd., Aziec, NM 87410		OR ALLOWA			AS				
Amoco Production Co					Well API No.				
Address E. 30+h		Farming	t.00 1	//W	87401				
Reason(s) for Filing (Check proper box) New Well Reconspletion Change in Operator	Change i	in Transporter of:	Other	(Please expla	nin)				
I change of previous operator							- · · · · ·		
II. DESCRIPTION OF WELL A		. Pool Name, Inclu	ling Formation		Kind o	(Lease	Leas	se No.	
Gallegos Canyon Ur	DIA PIOE	Basin	Dakota			ederalor Fee	SF-0	18109	
Unit Letter C	: 840 : 29 N	_ Feet From The _ Range \@	Line:		RO Foo		W	County	
III. DESIGNATION OF TRANS Name of Authorized Transporter of Oil	SPORTER OF (
Meridian Dil 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 Casinghead Gas or Dity Gas \(\subseteq \) El Paso Natural Gas Co If well produces oil or liquids, Unit Scc. Twp. Rge.			Address (Give address to which approved copy of this form is to be sent) Caller Service 4990, Farmington NM 87499 Is gas actually connected? When ?						
give location of tanks. If this production is commingled with that f	<u> c 31</u>	129N 12N			When		······································		
IV. COMPLETION DATA	Oil We		· . · · · · · · · · · · · · · · · · · ·	Workover	1 5				
Designate Type of Completion - Date Spudded	- (X) Date Compl. Ready	i	Total Depth	WORKOVET	Deepen	Plug Back Sai	ne Rekv	Diff Res'v	
Elevations (DF, HKB, RT, GR, etc.)			Τορ Οίν Θας Ραγ			P.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Perforations				Tuoing Separ					
				Depth Casing Shoe					
HOLE SIZE	CASING & 1		CEMENTING DICORDE S			SACKS CEMENT			
				AP	R1 1 19	89			
				-					
V. TEST DATA AND REQUES OIL WELL (Test must be after re Date Firm New Oil Run To Tank	TFOR ALLOW ecovery of total volume Date of Test		t be equal to or e	iceed top allo	DIST. 3 mable for this mp, gas lýt, et	depth or be for j	idl 24 hours.)	
Length of Test	Tubing Pressure		Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.		Water - Iblis.			Gas- MCI ²			
GAS WELL			<u> </u>				. · ·		
Actual I fod, Test - MCI/D	Length of Test		Bbls. Condensate/MMCF			Gravity of Condensate			
esting Mediud (pitot, back pr.)	Tubing Pressure (Shu	Casing Pressure	(Shut-in)	क्षा है के उने के कार्यक्ष पूर्ण है	Owks Size	***********			
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 is true and complete to the best of my knowledge and belief.		OIL CONSERVATION DIVISION Date Approved							
Shaw			APR 11 1989						
Signature B.D. Shaw Adm. Supy Printed Name Title			By Supervision district #3						
Printed Name Title APR 1 1 1989 (505) 325-8841. Telephone No.			Title_			TOTAN DIS	TRICI #	· •	

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.
- 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 From C 104 months (1) I for changes of operator, well name or number, transporter, or other such changes.