## DISTRICT II P.O. Dawer DD, Antesia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT III

Santa Fe, New Mexico 87504-2088

1000 Rio Diazos Rd., Aziec, NM 87410	) PEOUEST FOR ALLOW!	4 D1 F 4 4 1 D 4 1 F 1 4 0 F 1 F 1 4	
I.	REQUEST FOR ALLOWA	ABLE AND AUTHORIZAT IL AND NATURAL GAS	TION
Operator	10 110 1101 0111 0	IL AND INTOUNE GW2	Well API No.
Amaca Produ	ection Co		
Reason(s) for Filing (Check proper box)	Street, Forming		7401
New Well	Change in Transporter of:	Other (Please explain)	
Recompletion	Oil Dry Gan	Effective 4-1-8	9
Change in Operator	Casinghead Gas Condensate		
If change of operator give name and address of previous operator			
II. DESCRIPTION OF WELL			2.2.5 V
Gallegos Canyon C			Kind of Lease Lease No. State, FederaDor Fee SF079907
Unit LetterD	:790 Feet From The	N Line and 990	Feet From The Line
Section 36 Towns	nip 29 N Range /&	2 W , NMPM, S	an Juan County
III. DESIGNATION OF TRAI Name of Authorized Transporter of Oil	NSPORTER OF OIL AND NATU	JRAL GAS	
Meridian Dil In		P.O. Box 4289. F	pproved copy of this form is to be sent) -acmington NM 87499
Name of Authorized Transporter of Casin El Pase Natural	1	Tradical (Citte dans as to which of	proved copy of this form is to be sent)
If well produces oil or liquids,	Gas Co   Unit   Sec.   Twp.   Rge.	Caller Service 499	o Fermington NM 87499
ive location of tanks.	1-D 1-26 1201 1211)	i i	When 7
f this production is commingled with that V. COMPLETION DATA	from any other lease or pool, give comming	ling order number:	
Designate Type of Completion	- (X) Oil Well Gas Well	New Well   Workover   De	epen   Plug Back   Same Res'v   Diff Res'v
Date Spaidled	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		1	Depth Casing Shoe
de errande en de entre en	TUBING, CASING AND	CEMENTING DECONO	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			,
7. TEST DATA AND REQUE	ST FOR ALLOWABLE		
IL WELL (Test must be after 1	recovery of total volume of load oil and must	the equal to or exceed too allowable	finally to the transfer of
Date First New Oil Run To Tank	Date of Test	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)	
ength of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Hbls.	Water - Ibbis.	Gas- MCF
GAS WELL			
Actual Prod. Test - MCF/D	Length of Test	Ibls. Condensate/MAICF	Gravity of Condensate
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Slize
I. OPERATOR CERTIFIC	ATE OF COMPLIANCE		
I hereby certify that the rules and regul	ations of the Oil Conservation	OIL CONSE	RVATION DIVISION
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	APR 11 1989
1000h	aw	ll By -	APR 11 1989
Signature	۸ ، ۱	By	

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

Printed APR = 5 1989

Date

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

SUPERVISION DISTRICT

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

325-8841 Telephone No.

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- 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 filled for each post in multiple completed wells.