P.O. 1980, Hobbs, NM 88240 EU Per DD, Anceia, NM 88210

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III	Santa Pe, New	Mexico 8/304-2088					
I. Prize Rd., Azice, NM 87410	REQUEST FOR ALLOW TO TRANSPORT (	ABLE AND AUTHORI					
Operator				API No.	<del></del>		
Address	ction Co			<del> </del>			
Reason(s) for Filing (Check proper box)	Street, Formin	Other (Please expl	8740 (ain)	1	<del></del>		
New Well Recompletion	Change in Transporter of: Oil Dry Gan	] Effective 4-	1-89				
Change in Operator  If change of operator give name	Casinghead Gas Condensate	d				<del></del> -	
and address of previous operator							
II. DESCRIPTION OF WELL AND LEASE  Lease Name   Well No.   Pool Name, Include		luding Formation	Kind	of Lease	<del>                                     </del>	case No.	
Gallegos Canyon U	1 1	Dakota		Federator Fee		00844	
Unit Letter	: 1550 Feet From The	Line and	710 Fe	et From The	E.	Line	
Section 3(a Townshi		1 <u>3</u> ( <u>u</u> ) <u>E1</u>	San			County	
III. DESIGNATION OF TRAN			<u></u>	113di\	<del></del>	·	
Name of Authorized Transporter of Oil	or Condensale	Address (Give address to w	hich approved	copy of this for	n is to be se	nt)	
Meridian Dil In Name of Authorized Transporter of Casin	P.O. Box 4289, Farmington NM 87499  Address (Give address to which approved copy of this form is to be sent)						
El Pase Natural ( If well produces oil or liquids,	Caller Service	4990, 50	rmingtor				
give location of tanks.	1 G   310   29 N   13.		When	7			
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give commi	ingling order number:		-			
Designate Type of Completion	- (X)   Oil Well   Gas Well	New Well   Workover	Deepen	Plug Back  Sa	ame Res'v	Diff Res'v	
Date Spudded	Date Compl. Ready to Prod.	Total Depth	<u> </u>	P.B.T.D.	<del></del>		
Elevations (DF, RKB, RI, GR, etc.)	Name of Producing Formation .	Top Oil/Gas Pay	Top Oil/Gas Pay		Tubing Depth		
Performant Performance Perform					Depth Casing Shoe		
				Depart Casing 2		•	
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECOR	D	) SA	CKS CEME	NT	
			103 II	,			
		- AF3.1 13	89 <u></u>				
V. TEST DATA AND REQUES	T FOR ALLOWABLE			J		····	
OIL WELL (Test must be after re Date First New Oil Run To Tank	ecovery of total volume of load oil and m	ust be equal to or exceeding off. Producing Method (Flow, pu	muble for this	depth or be for	full 24 how	s.)	
Length of Test	Tubing Pressure	Casing Pressure		Choke Size	<del></del>		
si s							
Actual Prod. During Test	Oil - libis.	Water - libls.		Gas- NICP			
GAS WELL			······································			:	
Actual Fluid. Test (MCIVD	Length of Test	Bbls. Condensate/MMCF		Gravity of Conc	lensate	F 1	
l'esting blethod (piter, back pr.)	Tubing Pressure (Shut in)	Casing Pressure (Shut-in)		Chuke Size		- 4,	
VI. OPERATOR CERTIFICA	ATE OF COMPLIANCE		<del></del>				
I hereby certify that the rules and regula Division have been complied with and the	tions of the Oil Conservation	OIL CON	SERVA	TION DI	VISIO	N	
is true and complete to the best of diy ki	nowledge and belief.	Date Approved	ıAF	PR 11 100	1		
ASUS Law		1)	4				
Signature  B. D. Shaw  Printed Name  Title		By	By SUPERVISION DISTRICT # 3				
Printed Name	05) 325-8841	11				~~~	
Day saw was and	Telephone II.	11					

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 Form C-104 must be filed for each root in multiply completed watte.