Submit 5 Copies
Appropriate District Office
DISTRICT I
P.O. Box 1980, Hobbs, NM 88240

State of New Mexico Energy, Minerals and Natural Resources Department

OIL CONSERVATION DIVISION

P.O.Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III
1000 Bio Brazos Rd., Aztec, NM 87410

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

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lo. 30039:	22899	
ase eral or Fee IOIAN	JAGÆRINDA CONTRACT 109	
rom The	WEST Line County	
1 87401 py of this form	n is to be sent)	
.H 84158	ge /	
lug Back Sa	me Res'v Diff Res'v	
bing Depth	100	
SAC	CKS CEMENT	H * 1
011	Pacasa ' Coal DIV.	
depth or be f	of ME24 howrs.)	

1000 Rio Biazos Ru., Aziec, Nivi	MEDUEST FOR ALLOW	ABLE AND AUTHORIZAT OIL AND NATURAL GAS	122394	
I.	10 TRANSPORT O		Well API No.	
Operator Amoco Production Company		Kelly Stearns	3003922899	
Address				
P.O. Box 800 Dei	nver Colorado	80201		
Reason(s) for Filing (Check proper bo		Other (Please explain)		
New Well	Change in Transporter of: Oil Dry Gas			
Recompletion	Casinghead Gas Condensate			
Change in Operator	Cashightau Gas Constitute			
f change of operator give name address of previous operator				
II. DESCRIPTION OF WEL	L AND LEASE			
Lease Name	Mell No. Pool Name, Inch	APACITO GALLUP 58090	Kind of Lease State, Federal or Fee CONTRACT	
JICARILLA /B/	5E T	APACITO GALLUP O O O O O	INDIAN CONTRACT	
Location Unit LetterE	1850 Feet From The	NORTH Line and870	Feet From TheWEST	Line
Section 21 Towns	ship 26N Range 5	W ,NMPM,	RIO ARRIBA Co	unty
THE TOTAL PROPERTY OF THE	ANCHORTED OF OU AND NAT	TIDAT CAS		
Name of Authorized Transporter of O	ANSPORTER OF OIL AND NAT		approved copy of this form is to be sent)	
MERIDAIN OIL	or Condensate	3535 30TH STREET FARM		
Name of Authorized Transporter of C	asinghead Gas or Dry Gas X	Address (Give address to which	approved copy of this form is to be sent)	
NORTHWEST PIPELINE CORP.	243230	P.O BOX 58900 SALT LAKE		
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rg E 21 26N 5W		When?	
-	that from any other lease or pool, give com	0.45	030 - 956	
IV. COMPLETION DATA	243250 10	New Well Workover	Deepen Plug Back Same Res'v Diff	f Des's
Designate Type of Completi			P.B.T.D.	- Kes v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1.D.	
Elevations (DF,RKB,RT,GR,etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
Perforations			Depth Casing Shoe	
	TUDING GAGING AN	ID CEMENTING DECORD		
11015 0175	CASING & TUBING SIZE	ND CEMENTING RECORD DEPTH SET	SACKS CEMENT	
HOLE SIZE	CASING & TODING CIZE			
			3FP 3 0 F895	3
			031000	
			- 	1
V. TEST DATA AND REQU	JEST FOR ALLOWABLE			
OIL WELL (Test must be after Date First New Oil Run To Tank	JEST FOR ALLOWABLE or recovery of total volume of load oil and to Date of Test	Producing Method (Flow, pump	vable for this depth or be for the 24 hours.) o, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF	
GAS WELL				
Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI. OPERATOR CERTIFIC	CATE OF COMPLIANCE			
I hereby certify that the rules a		OIL CONS	ERVATION DIVISION	
Conservation Division have been	en complied with and that the e and complete to the best of my	Date Approve	SEP 3 0 1993	
Kelly Stearns			Bis. Chang	
Signature Kelly Stearns	Asst. Business Analyst	Ву	IIDEDVICOR TOTAL	
Printed Name	Title	Title	UPERVISOR DISTRICT #3	
09/20/1993	(303) 830-4457 Telephone No.	Title		
Date	reteptione No.	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 absences.

4) changes.