Revised 1-1-89 See Instructions at Buttom of Page

DISTRICE II P.O. Drawer DD, Antesia, NM 88210

DISTRICT.III 1000 Rio Brazos Rd., Azice, NM 87410

OIL CONSERVATION DIVISION

P.O. Box 2088 Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

	10111/	MASPORT OIL	LAND NATOHALG	A5			
Operator		Well API No.					
Amaca Produ	ction Co	······································					
2325 F. 30+h	Street,	Farmina	ton um	8740	1		
Reason(s) for Filing (Check proper box) New Well		•	Other (Please expl	lain)	· · · · · · · · · · · · · · · · · · ·		
Recompletion		Transporter of:	Effective 4-	1-89			
Change in Operator	Casinghead Gas						
If change of operator give name and address of previous operator							
II. DESCRIPTION OF WELL	AND LEASE						
I case Namo	ing Formation		ozeal k	Lease No.			
Gallegos Canyon U	nit 184	Basin C	Akata	State	Federal or Fee	SF-078838A	
Unit LetterA	-:1160	Feet From The	N line and 119	10 Fc	et From The	Line	
Section 28 Townshi	ip 28N	Range 12	L (w , NMPM,	San:	<u> โบลก</u>	County	
III. DESIGNATION OF TRAN	SPORTER OF O	IL AND NATU	RAL GAS				
Name of Authorized Transporter of Oil	or Conden		Address (Give address to wi	hich approved	copy of this forn	is to be sent)	
Meridian Dil In Name of Authorized Transporter of Casin	P.D. Box 4289, Farmington NM 87499						
			Address (Give address to which approved copy of this form is to be sent)				
If well produces oil or liquids, Unit Sec. Twp. Rge.			Caller Service 4990, Farmington NM 87499				
give location of tanks.		138 N 1 15 M		l			
If this production is commingled with that IV. COMPLETION DATA	from any other lease or	pool, give commingl	ing onler number:		····	· · · · · · · · · · · · · · · · · · ·	
Designate Type of Constitution	(V) Oil Well	Gas Well	New Well Workover	Deepen	Plug Back Sa	me Res'v Diff Res'v	
Designate Type of Completion Date Spudded			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ll	<u> </u>		
trate Spanies	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			l		Depth Casing S	hoe	
	CHURT	(7 A C(A (A A A A A A A A A A A A A A A A	and the second	BIN	FM-		
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE		CEMENTING RECOR	IE II V	5	CKS CEMENT		
				1 1 1989		OCINETY	
		····	AFN.	1 1 1000			
			OIL C	<u>ои.</u> п	V •		
V. TEST DATA AND REQUES		•	5	157 3	I	····	
OIL WELL, (Test must be after r Date First New Oil Run To Tank	Date of Test	of load oil and must	be equal to or exceed top allo Producing Method (Flow, pu			full 24 hours.)	
Length of Test	Tubing Pressure		Casing Pressure		Choke Size		
	ruoning i ressure					1	
Actual Prod. During Test	Oil - libls.		Water - Abls.		Gas- MCF		
GAS WELL	.1		1		1		
Actual Prod. Test - MCF/D	Length of Test		Bbls. Condensate/MMCF		Gravity of Con-	densate	
l'esting Methusi (pitot, back pr.)	Tubing Pressure (Shut in)		Casing Pressure (Shut-in)	processor men	Choke Size		
	<u> </u>	·]		
VI. OPERATOR CERTIFIC			OIL CON	ISERV	ים ואסודג	IVISION	
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 Approve	d	800 41 ·	1000	
SSShaw			Date Approved APR 11 1989				
Signature			By 3 Del				
B.D. Shaw Alm. Super			SUPERVISION DISTRICT #3				
APRI 1989 (505) 325-8841.			Title				
Date	Tele	phone 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 changes.