icevised 1-1-ny See Instructions at Bottom of Page

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

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

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator								Weii	API No.			
Amoco Produc	tion	Co										
Address	. .		-									
Reason(s) for Filing (Check proper box)	Stre	et.	Tai	cwrp6	455	-nm	8.	140	1			
New Well		Change in	Transi	onter of:		ici (Please exp	-				IVE	
Recompletion Oil Dry Gas						Effective 4-1-89						
Change in Operator	Casinghe	-	•	ensate 🔯						5 D D A #	* 4000	
If change of operator give name and address of previous operator										APR 07	7-19 89	
•				 -	· · · · · · · · · · · · · · · · · · ·				C		J. DIV	
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Prod Name Include						DIST 3						
1 4	۸.۱	1	Pool Name, Including Formation					Kind of Lease State, Federal of Fee			icase No.	
Callegos Canyon U	117	139		azin_l	prota			· startie	Teneral of Le	5F-	278780	
Unit LetterP	. 116	50			s	. 116				_		
Om Letter	_ :	<u>, , , , , , , , , , , , , , , , , , , </u>	. I'cci I	rom The	Slin	e and	0	Fo	et From The	E	Line	
Section \8 Townshi	b 98	N	Range	. 11	(<u>(</u>), N	MPM,	50	ا ما	Tuan		County	
HI DIOLGHAM ON AN WAR						- · · · · · · · · · · · · · · · · · · ·		**	J.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATU												
					Address (Give address to which approved copy of this form is to be sent)							
Menidian Dillac. Name of Authorized Transporter of Casinghead Gas or Dry Gas					P.O. Box 4289, Farm Address (Give achiess to which approved				ington	NW 8	<u> </u>	
l <u> </u>		اسا ا	0. 171)	(کھر میں								
If well produces oil or liquids,	Unit		Twp.	Rge.	is gas actually	Service y connected?	7446	Wi⊬n D÷19	s icminas	מדווות עס	21444	
rive location of tanks.	101			حبلاألا			i					
If this production is commingled with that (from any oth	er lease or I	poul, gi	ve comming	ing order numb	ber:			·			
IV. COMPLETION DATA		100000	,-		· · · · · · · · · · · · · · · · · · ·	·	-,			···		
Designate Type of Completion	- (X)	Oil Well 	1	Gas Well	New Well	Workover	De	epen	Plug Back	Same Res'v	Diff Res'v	
Date Spudded		d. Ready to	Prod.		Total Depth	l	ــــــــــــــــــــــــــــــــــــــ		P.B.T.D.	l		
	'	•			•			F.B. L.D.				
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					Top Oil/Cas 1	Pay		Tubing Depth				
Perforations					ļ							
1 Characteris									Depth Casin	g Shoe		
	······································	TIDING	C 4 C I	NICL AND	CULL LES VEN	IC DECON						
TUBING, CASING AND HOLE SIZE CASING & TUBING SIZE					DEPTH SET				SACKS CEMENT			
	ONSING & TODING SIZE				DEI III DEI			SAOKS CEMENT				
									,			
I V. TEST DATA AND REQUES	C EOU A	TIOWA	. 13 I T 13		l				J			
OIL WELL (Test must be after re				•	he eared to or	exceel ton all	aunhla	Con ship	danth as ha	Con Gull 2.4 hav		
Date First New Oil Run To Tank	Date of Te	si	7		Producing Me	thod (Flow, p	wnp, ga	s lili. e	ic.)	or juit 24 nou	73.)	
						, , , , , ,	, , ,		,			
Length of Test	Tubing Pre	ibing Pressure				Casing Pressure			Choke Size			
		** *** *** ***************************										
Actual Prod. During Test	Oil - Bbls.				Water - fibls.				Gas- MCF			
	L				l				1		<u>''</u>	
GAS WELL Actual Prod. Test - MCF/D	Length of	(San			160-2007				T21			
Actual Fluis Text - NIC17D	Length of	1 621			Bbls. Conden	saic/Minic P			Gravity of C	ondensale	•	
l'esting Method (pitot, back pr.) Tubing		ssure (Shut-	in)		Casing Pressure (Shut-in)			Chapte Size				
					_		1.			and a state of the state of the	•	
VI. OPERATOR CERTIFIC	ATE OF	COMP	LIAI	NCE					. —			
I hereby certify that the rules and regula						DIL CON	NSE	RVA	NOLLY	DIVISIO)N	
Division have been complied with and			n abov	c								
is true and complete to the best of my	TOMICARE BI	nd Delief.			Date	Approve	ed _		APR 11	1090		
S S have					HLV 11 1202							
Signatura					By Sand							
B.D. Shaw Adm. Supx							Ql.	្រុខស្	7810ND	STRICT	# 3	
Painted Harrier anno	(nc.) n		Title'		Title		106		TOTOM D.			
APK = 3 1989 (505) 325-8841 Telephone 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.