

2/25/1989
P.O. Box 1980, Hobbs, NM 88240

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

DISTRICT III
1000 Rio Grande Rd, Aztec, NM 87410

OIL CONSERVATION DIVISION

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

Form O-104
Revised 1-1-89
See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Amaco Production Co</u>		Well API No.
Address <u>2325 E. 304th Street, Farmington NM 87401</u>		
Reason(s) for Filing (Check proper box) New Well ☐ Other (Please explain) Recompletion ☐ Change in Transporter of: Change in Operator ☐ Oil ☐ Dry Gas ☐ Effective 4-1-89 Casinghead Gas ☐ Condensate ☒		
If change of operator give name and address of previous operator		

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Gallegos Canyon Unit</u>	Well No. <u>240</u>	Pool Name, Including Formation <u>Basin Dakota</u>	Kind of Lease State ☒ Federal ☐ or Fee	Lease No. <u>92000844</u>
Location Unit Letter <u>K</u> : <u>1470</u> Feet From The <u>S</u> Line and <u>1770</u> Feet From The <u>W</u> Line Section <u>24</u> Township <u>28 N</u> Range <u>13 W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ <u>Meridian Oil Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 4289, Farmington NM 87499</u>	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ <u>El Paso Natural Gas Co</u>	Address (Give address to which approved copy of this form is to be sent) <u>Caller Service 4990, Farmington NM 87499</u>	
If well produces oil or liquids, give location of tanks. Unit <u>K</u> Sec. <u>124</u> Twp. <u>28N</u> Rge. <u>13W</u>	Is gas actually connected?	When?

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	☐ Oil Well	☐ Gas Well	☐ New Well	☐ Workover	☐ Deepen	☐ Plug Back	☐ Same Res'v	☐ Diff Res'v
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.			
Elevations (DF, RKB, RF, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours.)	
Date First New Oil Run To Tank	Date of Test
Length of Test	Tubing Pressure
Actual Prod. During Test	Oil - bbls.
Casing Pressure	
Choke Size	
Water - bbls.	
Gas - MCF	

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OIL CON. DIV.
DIST. 3

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	bbls. Condensate/MKICF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Signature B.D. Shaw
Printed Name B.D. Shaw Adm. Supv.
Date APR 17 1989 (505) 325-8841
Telephone No.

OIL CONSERVATION DIVISION

Date Approved APR 17 1989

By B.D. Shaw
SUPERVISION DISTRICT #

Title

INSTRUCTIONS: This form is to be filed in compliance with Rule 1101

- 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) Sonarbo Form C-104 must be filed.