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

DISTRICELL

P.O. Drawer DD, Artesia, NM 88210

DISTRICT III 1000 Rio Unicos Rd., Azicc, 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 Operator Well API No Amoco Production Co Address Street, Farmington 2325_ 30+7 nm87101 Reason(s) for Filing (Check proper box) Other (Please explain) New Well $\mathbf{1}$ Change in Transporter of: Dry Gas Effective 4-1-89 Recompletion Oil Change in Operator Casinghead Gas Condensate If change of operator give name and address of previous operator II. DESCRIPTION OF WELL AND LEASE Lease Namo Well No. Pool Name, Including Formation Kind of Lease Lease No. Gallegos Canyon Unit 343 Flasin Dakota Stale, Federal or Fee 92000844 Location 1810 Feet From The S Line and 1115 Feet From The Township 28 N Range 12 W, NMPM, Juan III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) [X]Menidian Dillac.
Name of Authorized Transporter of Casinghead Gas P.O. Box 4289, Farmington NM 87499 or Dry Gas 🖂 Address (Give address to which approved copy of this form is to be sent) El Pase Natural Gas Caller Service 4990, Formington NM 87499 α If well produces oil or liquids, give location of tanks. Twp. Unit Rge. Sec. Is gas actually connected? When ? 1_<u></u> 194 138N 13 M If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen | Plug Back | Same Res'v Dilf Res'v Designate Type of Completion - (X) Date Syndded 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 Depth Casing Shoe TUBING, CASING AND CEMENTING RECORD HOLE SIZE CASING & TUBING SIZE SACKS CEMENT V. TEST DATA AND REQUEST FOR ALLOWABLE OII. WELL, (Test must be after recovery of total volume of lead 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 Producing Method (Flow, pump, gas lift, etc.)

S. C. E. I. V. E. M. Date of Test Length of Test Tubing Pressure Choke Size Actual Prod. During Test Oil - Hbls. Gas. KICE # CON. DIV. GAS WELL THE COMPANY OF Actual Prod. Test - MCF/D Length of Test Gravity of Condensate l'esting Method (pitot, back pr.) Tubing Pressure (Shut in) Casing Pressure (Shut-in) Croke Sree VI. OPERATOR CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION I hereby centify 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. Date Approved ____ Signature B.D. Shaw Printed Name Title. (505) 325-8841

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 each changes