Appropriate District Office
DISTRICT 1
P.O. Box 1980, Hobbs, NM 88240 DISTRICT III P.O. Drawer DD, Arreita, NM 88210
DISTRICT III IUUU Rio IIrazos Rd., Azuec, NM 87410 Energy, Minerals and Natural Resources Department

1941H V -194 Revised 1-1-89 See Instructions at Bottom of Page

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

REQUEST FOR ALLOWABLE AND AUTHORIZATION

	TIL GC	TOTRA	NSP	ORT OIL	AND NA	TURAL GA	4S				
)perator		, , , , , , , , , , , , , , , , , , , ,				Well Al					
	action	<u>_Ca_</u>									
ddress (F 301)	n Stre	~ T	1		1-0-	۲./W	8740	1			
2325 E 30+) leason(s) for Filing (Check proper box		<u>er, </u>	<u>IUI</u> I		Oth	er (Please expla	iin)	1			
lew Well		Change in	-	1	E CC.c.t	ive 4-1	-89				
tecompletion	Oil Cusinuban	d Gas	Dry G	4.****	L(\CC)	,,,,,			20.6	<u>. ጋ ኖን</u>	
change in Operator	Casingnea	d Cas	Conac	incare VA						7389	
nd address of previous operator						- · · · · · · · · · · · · · · · · · · ·					
I. DESCRIPTION OF WEL	L AND LE										
Lease Name		Well No. Pool Name, Including				Ctale 1				ease No.	
Gallegos Canyon Uni	+ Com D	160		asin	Dakata				121-08	र099न	
Unit Letter * I	. l&:	50	Feet F	rom The	S Lin	e and	<u> </u>	et From The	E	Line	
Din Later America				1000 1000							
Section 27 Town	ship 29	<i>N</i>	Range	: 191) , N	MPM,	San :	Tuan_		County	
II. DESIGNATION OF TRA	NSPORTE	R OF O	I. AN	ND NATU	RAL GAS						
Name of Authorized Transporter of Oil		or Couden				e address to wi	hich approved	copy of this j	form is to be se	ni)	
Meridian Oil Inc.					P.O. Box 4289, Farmington NM 87499 Addicss (Give address to which approved copy of this form is to be sent)						
Name of Authorized Transporter of Ca	=		or Diy	y Gas 🔀	1.						
El Pasa Natural (If well produces oil or liquids,	Unit	Sec.	Twp.	Rgc.	is gas actual	Service y connected?			gran NII	1-21447	
ive location of tanks.	<u> </u>	27	291	vilam	Ye	S	i	<u>a-a-</u>	65		
this production is commingled with the	iat from any off	ner lease or p	pool, g	ive comming	ling order num	ber:					
V. COMPLETION DATA		Oil Well		Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Designate Type of Completic	on - (X)		i	OBB WEI	1	1	Deepen				
Date Spudded	Date Com	Date Compl. Ready to Prod.			Total Depth			P.B.T.D.	-	New Contract	
The ALE BE CO		La de de a Ca			Top Oil/Cas	Pav		Table De		<u> </u>	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation								Tubing Depth			
Perforations								Depth Casing Shoe			
Marie Carrier (1997)	 ,	TUBING,	CAS	ING AND	CEMENTI	NG RECOR	D	.!	4		
HOLE SIZE	CA	CASING & TUBING SIZE				DEPTH SET			SACKS CEMENT		
											
V. TEST DATA AND REQU					the equal to o	r exceed top all	ourship for the	ie dantk or ha	for full 24 hou	// · 1	
OIL WELL (Test must be after recovery of total volume of load oil and must Date First New Oil Run To Tank Date of Test						be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)					
į.						PO PO					
Length of Test	Tubing Pr	Tubing Pressure				Casing Pressure			•		
Actual Prod. During Test		Oil - Bbls.				Water - Iibls.					
Actual Flod. During Test Oil - Bols.											
GAS WELL									spirite.	11 :	
Actual Prod. Test - MCP/D Length of Test						nsale/MMCF			Condensate	<u> </u>	
	h1-1										
lesting Method (pitot, back pr.)	Tubing Pressure (Shut-in)				Casing Press	Casing Pressure (Shut-in)					
VI. OPERATOR CERTIF	ICATE O	F COMI	ν γ[]Λ	NCE							
I hereby certify that the rules and re	gulations of the	e Oil Consei	rvation			OIL COI	NSERV	ATION	DIVISIO	NC	
Division have been complied with	and that the info	orniation giv	en abo	ove.		_		ממ ז	0.0.1000		
is true and complete to the pest of t	my knowicoge	and octici.			Dat	e Approve	ed	APK	<u>03 1989</u>	1	
12 hour	1						3	ربي	Cham		
Signature					By SUPERVISION DISTRICT # 5						
B.D. Shaw Adm. Supx					Time		SUP	MICATOT(w hraty;		
3-29-89	(505)3	325-89	84L		Title	<i></i>			•		
Date	_	Tele	phone	: No.	- 11					1000	

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
- 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) Separate Form C-104 must be filed for each pool in multiply completed wells.