Appropriate District Office DISTRICT P.O. Box 1980, I hobszykki 88240

Energy, Minerals and Natural Resources Department

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

OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

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

DISTRICT DI P.O. Drawer DD, Ante S, NM 88210

REQUEST FOR ALLOWABLE AND AUTHORIZATION

I. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	·	TO TRAN	ISPORT O	L AND NA	TURAL G					
Operator	١.	\circ			Wel			API No.		
Amaco Produc	T100								·	
2325 E 30+h	_Stre	et, t	\overline{a} r \overline{m}	ton_	NW_	8740	1	····	·-····	
Reason(s) for Piling (Check proper box) New Well		Change in To	ransporter of:	t	ner (Please expl	•				
Recompletion	pletion Dry Gas Effective 4-1-89									
Change in Operator Casinghead Gas Condensate A									0449	
If change of operator give name and address of previous operator					····					
II. DESCRIPTION OF WELL AND LEASE								•		
Lease Name	Well No. Pool Name, Includ				<i>_</i>				caso No.	
Callegos Canyon Unit	Com HI	149E1	.l⊃asin	Dakate	Dakata State,				·	
Unit Letter G: 1850 Feet From The N Line and 1475 Feet From The E Line									Line	
Section 25 Township 29N Range 12W , NMPM, San Juan County										
III. DESIGNATION OF TRAN	SPORTE	R OF OIL	AND NATE	RAL GAS						
Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)									ent)	
Name of Authorized Transporter of Casing	P.D. Box 4289, Farmington NM 87499 Addicss (Give address to which approved copy of this form is to be sent)									
El Pasa Natural Gas				Caller Service 4990, Farmington NM 87499						
If well produces oil or liquids, give location of tanks.	I produces oil or liquids, Unit Sec. Twp. Rgc. 1				Is gas actually connected? When			7		
If this production is commingled with that	from any other	as lo	AGN 1 1910	ling order num	S	l	9-18	-85		
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.	1	el per		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation			Top Oil/Gas	Top Oil/Gas Pay			Tubing Depth		
Perforations				1				Depth Casing Shoe		
							<u> </u>			
HOLE SIZE	TUBING, CASING AND CASING & TUBING SIZE						DACKO OFMENT			
	CASING & TOBING SIZE			DEPTH SET			SACKS CEMENT			
V. TEST DATA AND REQUES OIL WELL (Test must be after re							·! ·		 	
Date First New Oil Run To Tank	be equal to or exceed top allowable for this depth or be for full 24 hours.) Producing Method (Flow, pump, gas lift, etc.)									
				f.			1			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Bbls.			Water - Itbis.			Gas- MCF			
	Í			1			<u> </u>	<u> </u>		
GAS WELL Actual Prof. Test - NGP/D	HTTE STEER			Taitiamo,		<u> </u>	f 12		1	
record float 1 (as 4 (i) C)	Length of Test			Bois. Conden	Bbls. Condensate/MMCF			Gravity of Condensate		
Festing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressu	Casing Pressure (Shut-in)			Choke Size		
VI. OPERATOR CERTIFICA	ATE OF	COMPLI	ANCE				l		<u> </u>	
I hereby certify that the rules and regulations of the Oil Conservation					DIL CON	SERV	ATION	DIVISIC	N	
Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.				Data Approved						
(S) S/2				Date Approved APR 0 3 1989						
Singles				By						
B.D. Shaw Adm Supx				Tom Tom # 8						
3-24-89 (505) 325-8841 Date Telephone No.					Title SUPERVISION DISTRICT #					

INSTRUCTIONS: This form is to be filed in compliance with Rule 1104

Block Blog 1) Request for allowable for newly drilled or deepened well must be accompanied by tabulation of deviation tests taken in accordance with Rule 111.

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- 2) 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 post in multiple or mytoust matter.