Energy, remerais and reatural Resources Department

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

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

OIL CONSERVATION DIVISION

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

DISTRICT III IOO) Rio Brazos Rd., Azice, NM 87410

I.	REQUEST F	OR ALLOW	ABLE AND AUTHOR	RIZATIO	V			
Operator	DIL AND NATURAL GAS T Well API No.							
Vaniess	ddiess							
Reason(s) for Filing (Check proper box)	Street,	Farming	3ton NM Other (Please ex	8740	01			
New Well		Transporter of:	Other (Please exp	plain)				
Recompletion	,,	Dry Gas	Effective 4	-1-89				
Change in Operator  If change of operator give name	Casinghead Gas	Condensate 🔀	·					
and address of previous operator								
II. DESCRIPTION OF WELL  Lease Name	ling Formation Kind of Lease Lease N			!				
Gallegos Conyon Unit 182 Basin				SIL	Federal or Fee	Lesse No. SF-080844A		
Unit Letter	: 1740	Feet From The _	5 Line and 9	1 <u>0</u> 0	feet From The	E Line		
Section   9 Townsh	. 200.1		<u>, MIMM</u>	San		County		
III. DESIGNATION OF TRAN	NSPORTER OF OI	L AND NATU	JRAL GAS			·		
Name of Authorized Transporter of Oil  Meridian Dilla	Address (Give address to which approved copy of this form is to be sent)							
Name of Authorized Transporter of Casin	P.O. Box 4289, Farmington NM 87499 Address (Give achives to which approved copy of this form is to be sent)							
If well produces oil or liquids,   Unit   Sec.   Twp.   Rge.			Caller Service 4990 Farminaton Nm 87499					
If this production is commingled with that	T 19	28 N I I W	lian - da - da	i				
IV. COMPLETION DATA		Elve containing	ung other number:					
Designate Type of Completion	- (X) Oil Well	Gas Well	New Well   Workover	Deepen	Plug Back Sam	c Res'v Diff Res'v		
Date Sjaudded	Date Compl. Ready to I	Prod.	Total Depth	l	P.B.T.D.	i		
Elevations (DF, RKB, RT, GR, etc.)  Name of Producing Formation  Perforations			Top Oil/Gas Pay					
					Tubing Depth			
		_	Depth Casing She	ie .				
TUBING, CASING AND			CEMENTING RECOR	<b>5</b>		·		
HOLE SIZE	SIZE CASING & TUBING SIZE		DEP(TH SET		SACKS CEMENT			
					<u> </u>			
V. TEST DATA AND REQUES	CEOU ALLOWA		<b>C</b> ( b	Sea of the sea				
OIL WELL (Test must be after re	I FOR ALLOWAL	SLE Tord oil and must	ha aanud ta aa aanud t	(,)	,			
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.)					
length of Test	Tubing Pressure		Casing Pressure		Choke Size			
Actual Prod. During Test	Oil - IIbls.		Water - Ilbia		Gas- MCF			
GAS WELL		l						
Actual Prod. Test - MCF/D Length of Test			Bbls. Condensate/MMCF		Gravity of Condensate			
H-13-Tk		والمراجع والمراجع ومع		Oravity of Condensate				
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in	)	Casing Pressure (Shut-in)		Choke Size	z.,		
I. OPERATOR CERTIFICA			011 0011	00011	TION 5			
I hereby certify that the rules and regulations of the Oil Conservation  Division have been complied with and that the information given above			OIL CONSERVATION DIVISION					
is true and complete to the best of my knowledge and belief.			Date Approved <u>APR 11 1989</u>					
Shan	}		ł		A			
Signature	By_ 3 Change							
Printed Name 3 1 4000			SUPERVISION DISTRICT # 3					
Printe APR 1 1 1989 (5)	05) 325-884 Teleph	1	Title		····			
Date	Telephe	one No.						

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 of