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

OIL CONSERVATION DIVISION

P.O. Box 2088

DISTRICT II
P.O. Dawer DD, Artesia, NM 88210
DISTRICT III

Santa Fe. New Mexico 87504-2088

1000 Rid Heazor Rd., Azicc, NAI 874	10	1116 NCO 01304-2000	
T. State of the second	REQUEST FOR ALLOY	WABLE AND AUTHORIZA	NOITA
Operator	TO TRANSPORT	OIL AND NATURAL GAS	
Amaco Prod	uction Co		Well API No.
Reason(s) for Filing (Check proper box	h Street, Farmir	19ton NM 8	1740)
New Well Recompletion	Change in Transporter of:	Other (Please explain)	
Change in Operator	Oil Dry Gas Casinghead Gas Condensate] Effective 4-1-9	89
If change of operator give name and address of previous operator		AT .	
II. DESCRIPTION OF WEL.			
Gallegos Canyon) nit 232 Posin	Dakota	Kind of Lease State, Federal or Fee 9200844
Unit Letter	: 1190 Feet From The	SLine and990	
Section 2 to Towns	U 2001		
III. DESIGNATION OF TRA	NSPORTER OF OIL AND NAT		an Juan County
Me sidion Oil) or Condensate Address (Give achiess to which approv			pproved copy of this form is to be sent)
Name of Authorized Transporter of Casi	nghead Gas or Dry Gas 🔀	<u>1:0-130x 4389. 4</u>	racmington NM 87499 pproved copy of this form is to be sent)
EL Pase Natural If well produces oil or liquids,		- Laller Dervice 400	O Farmington NM 87499
give location of tanks,	1 00 1010 1000 110	o any commontal	When 7
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool, give commit	ngling order number:	
Designate Type of Completion	Oil Well Gas Well	New Well Workover De	epen Plug Back Same Res'v Diff Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation .	Top Oil/Gas Pay	P.D.T.D.
erforations		Top One Cas Fay	Tubing Depth
			Depth Casing Shoe
	TUBING, CASING ANI	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
			S. OKO OCMENT
7. TEST DATA AND REQUES	T FOR ALLOWABLE		
Oll WELL (Test must be after r. Date First New Oil Run To Tank	ecovery of total volume of load oil and mus Date of Test	il be edition of contract to the series	Eligoph or be for full 24 hours
angth of Test		Product Manual phony lead	Gayr, e c
	Tubing Pressure	Casing PressuaPR 1 7 1989	Choke Size
Actual Prod. During Test	Oil - Ilbis.		V. Gas- NICIF
DAS WELL		DIST. 3	
ictual Fruit, Test - KICT/D	Length of Test	Ibis. Condensale/MMCF	Gravity of Condensale
eating Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choic Shipm.
I. OPERATOR CERTIFICA	ATE OF COMPLIANCE		
I hereby certify that the rules and regular Division have been complied with and the	tions of the Oil Conservation	OIL CONSER	RVATION DIVISION
is true and complete to the best of my knowledge and belief.		Date ApprovedAPR 17 1989	
Signature		By_ Boul Cham	
Printed Name Printed Name Title		SUPERVISION DISTRICT # 3	
Date APR 17 1989 (5)	05) 325-8841. Telephone No.	Title	
			•

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 above.