

OIL CONSERVATION DIVISION

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

See Instructions
at Bottom of Page

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR

Operator Amoco Production Co. Well API No. _____

Address 2325 E. 30th Street, Farmington NM 87401

Reason(s) for Filing (Check proper box) ☐ Other (Please explain)

New Well ☐ Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Effective 4-1-89

Recompletion ☐ Casinghead Gas ☐ Condensate ☒

Change in Operator ☐

If change of operator give name and address of previous operator _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gallegos Canyon Unit Well No. 204 Pool Name, Including Formation Basin Dakota Kind of Lease State, Federal or Fee Lease No. SF-078903A

Location Unit Letter A : 990 Feet From The S Line and 890 Feet From The E Line

Section 34 Township 28 N Range 12 W, NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Meridian Oil Inc. Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington NM 87499

Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☒ El Paso Natural Gas Co. Address (Give address to which approved copy of this form is to be sent) Call Service 4990, Farmington NM 87499

If well produces oil or liquids, give location of tanks. Unit A Sec. 34 Twp. 28 N Rge. 12 W Is gas actually connected? ☐ When?

If this production is commingled with that from any other lease or pool, give commingling order number: _____

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.					
Elevations (DF, RKB, RI, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations							Depth Casing Shoe	
HOLE SIZE	TUBING, CASING AND CEMENTING RECORD		SACKS CEMENT					
	CASING & TUBING SIZE	DEPTH SET						
		APR 11 1989						
		OIL CON. DIV.						

V. TEST DATA AND REQUEST FOR ALLOWABLE

OIL WELL (Test must be after recovery of total volume of load 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 _____ Date of Test _____ Producing Method (Flow, pump, gas lift, etc.) _____

Length of Test _____ Tubing Pressure _____ Casing Pressure _____ Choke Size _____

Actual Prod. During Test _____ Oil - Bbls. _____ Water - Bbls. _____ Gas - MCF _____

GAS WELL

Actual Prod. Test - MCF/D _____ Length of Test _____ Bbls. Condensate/MMCF _____ Gravity of Condensate _____

Testing Method (pilot, back pr.) _____ Tubing Pressure (Shut-in) _____ Casing Pressure (Shut-in) _____ Choke Size _____

VI. OPERATOR CERTIFICATE OF COMPLIANCE

I hereby certify 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.

Signature B. D. Shaw Adm. Supr. _____
Printed Name B. D. Shaw Title _____
Date APR 11 1989 (505) 325-8811 Telephone No. _____

OIL CONSERVATION DIVISION

Date Approved APR 11 1989
By [Signature]
Title SUPERVISION DISTRICT # 3

INSTRUCTIONS: This form is to be filed in compliance with Rule 1101

- 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.
- 4) Separate Form C-101 must be filed for changes of operator, well name or number, transporter, or other such changes.