

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

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III  
1000 Rio Brazos Rd, Aztec, NM 87410

# REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. **PERMITTEE'S NONALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

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:

Recompletion ☐ Oil ☐ Dry Gas ☐ Effective 4-1-89

Change in Operator ☐ Casinghead Gas ☐ Condensate ☒

If change of operator give name and address of previous operator \_\_\_\_\_

## II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Gallegos Canyon Unit</u>	Well No. <u>234</u>	Pool Name, Including Formation <u>Basin Dakota</u>	Kind of Lease State, <u>Federal</u> or Fee	Lease No. <u>92000844</u>
Location Unit Letter <u>A</u> : <u>790</u> Feet From The <u>N</u> Line and <u>790</u> Feet From The <u>E</u> Line Section <u>14</u> Township <u>28 N</u> Range <u>13 W</u> , NMPM, <u>San Juan</u> County				

### III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Meridian Oil Inc.					P.O. Box 4289, Farmington NM 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Co.					Caller Service 4990, Farmington NM 87499	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When?
	A	14	28N	13 W		

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

#### IV. COMPLETION DATA

[illegible]

## V. TEST DATA AND REQUEST FOR ALLOWABLE

## OIL WELL

(Test must be after recovery of total volume of lost oil and must be at least 100 ft. below the depth of the leak or for this depth or be for full 24 hours.)

Date First New Oil Run To Tank	Date of Test	Casing Pressure	Choke Size
Length of Test	Tubing Pressure	Water - Bbls.	Gas - MCF
Actual Prod. During Test	Oil - Bbls.		

## 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

Printed Name \_\_\_\_\_

Adm. Supv.

title

Date 11/11/2001

(505) 325-8841  
Telephone

Telephone No. \_\_\_\_\_

## OIL CONSERVATION DIVISION

Date Approved APR 17 1989

By

SUPERVISION DISTRICT # 3

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 changes.