

## OIL CONSERVATION DIVISION

P.O. Box 2088

Santa Fe, New Mexico 87504-2088

See Instructions  
at Bottom of PageREQUEST FOR ALLOWABLE AND AUTHORIZATION  
TO TRANSPORT OIL AND NATURAL GAS

Operator <u>Amaco Production Co</u>		Well API No.
Address <u>2325 E. 30th Street, Farmington NM 87401</u>		
Reason(s) for Filing (Check proper box) <input type="checkbox"/> Other (Please explain)		
New Well <input type="checkbox"/>	Change in Transporter of:	
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Effective <u>4-1-89</u>	
Change in Operator <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input checked="" type="checkbox"/>	
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>196E</u>	Pool Name, Including Formation <u>Basin Dakota</u>	Kind of Lease State <input checked="" type="checkbox"/> Federal <input type="checkbox"/> or Fee	Lease No. <u>SF-078106</u>
Location				
Unit Letter <u>D</u>	: <u>950</u>	Feet From The <u>N</u> Line and <u>950</u>	Feet From The <u>W</u> Line	
Section <u>19</u>	Township <u>28 N</u>	Range <u>12 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) <u>P.O. Box 4289, Farmington NM 87499</u>	
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) <u>Caller Service 4990, Farmington NM 87499</u>	
If well produces oil or liquids, give location of tanks.	Unit <u>D</u>	Sec. <u>19</u>
	Twp. <u>28 N</u>	Rge. <u>12 W</u>
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, H&B, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
HOLE SIZE	TUBING, CASING AND CEMENTING RECORD		DEPTH SET		SACKS CEMENT			
			APR 11 1989					
			OIL CON. DIV.					
			DIST. 3					

## V. TEST DATA AND REQUEST FOR ALLOWABLE

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 <u>B.D. Shaw</u>	Adm. Supv.
Printed Name <u>B.D. Shaw</u>	Title
Date <u>APR 11 1989</u>	Telephone No. <u>(505) 325-8841</u>

## OIL CONSERVATION DIVISION

Date Approved <u>APR 11 1989</u>
By <u>B.D. Shaw</u>
Title <u>SUPERVISION DISTRICT # 3</u>

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.
- 4) Separate Form C-104 must be filed for each well in multiple completion.