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

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 Urazos Rd., Azice, NM 87410

I.	REQUEST FO	R ALLOW/ ISPORT O	ABLE AND	AUTHOF	RIZATIO BAS	N			
Address Production Co.					Well API No.				
Vaniese	Street, F	`	37-01	NM her (Please exp	874 vlain)	01			
Recompletion Change in Operator  If change of operator give name	Change in Tr Oil [] Dr Casinghead Gas [] Co	ry Gas	Effect	rive 4-	-1-89				
and address of previous operator				···					
II. DESCRIPTION OF WELL Lease Name	ding Formation		1						
Gallegos Canyon U	Dakota Sta			nd of Lease lease Federal or Fe	SF-(	1.080844 1.080844			
Unit LetterC	_: <u>&amp;30</u> Fc	ct From The _	NLin	e and _159	0	Feet From The	<u>ω</u>	Line	
Section \Q Townsh	ip 28 N Ra	nge	w, N	MPM,	_	Juan		County	
III. DESIGNATION OF TRAIT	VSPORTER OF OIL or Condensate	AND NATU ⊠							
Meridian Dil In	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 albress to which approved copy of this form is to be sent)								
If well produces oil or liquids, give location of tanks.	Caller Service 4990, Formington NM 87499  Is gas actually connected?   When?								
If this production is commingled with that IV. COMPLETION DATA	from any other lease or pool,	N W W	ling order numb	жг:					
Designate Type of Completion	- (X) Oit Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v	Diff Res'v	
Date Spadded	Date Compl. Ready to Pro-	J.	Total Depth		J	P.B.T.D.	l	_l	
Elevations (DF, RKB, RT, GR, etc.)	B, RT, GR, etc.) Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth			
Perforations				Depth Casing	Depth Casing Shoe				
	CCAMERUCA	IC DECON		13	3				
HOLE SIZE	TUBING, CA		DEPTH SET	) <u>j</u>	s s	SACKS CEMENT			
	-		- 19 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
		-0:	CON	VIC.	•				
V. TEST DATA AND REQUES	T FOR ALLOWABL	E ,		D137.	<del>'3</del>	1			
OIL WELL (Test must be after re Date First New Oil Run To Tank	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 - Bbls.		Water - fible			Gas- MCP			
GAS WELL Actual Pickl. Test - MCF/D Length of Test			Ibls. Condensate/MMCF			Ciavity of C	Gravity of Condensate		
l'esting Mediod (pitot, back pr.)	Tubing Pressure (Shut-lin)		Casing Pressure (Shut in)			Cupic Size			
VI. OPERATOR CERTIFICA	I ATE OF COMPLIA	NCE				1	e canggan zer		
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.			OIL CONSERVATION DIVISION						
Shaw			Date Approved — APR 11 1989						
Signature			By						
Printed NAPRI 1989 Adm. Supr.  (505) 325-8841.			TitleSUPERVISION DISTRICT # 3						
Date	Telephone	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 3.