

OIL CONSERVATION DIVISION

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

REQUEST FOR ALLOWABLE AND AUTHORIZATION
TO TRANSPORT OIL AND NATURAL GAS

I. 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: ☐ Dry Gas ☐ Effective 4-1-89
Recompletion ☐ Oil ☐ Casinghead Gas ☐ Condensate ☒
Change in Operator ☐
If change of operator give name and address of previous operator _____
OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gallegos Canyon Unit Well No. 154E Pool Name, Including Formation Basin Dakota Kind of Lease State, Federal or Fee Lease No. _____
Location
Unit Letter E : 11660 Feet From The N Line and 815 Feet From The W Line
Section 27 Township 29 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 ☒ 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 ☐ or Dry Gas ☒ Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Co. Call Center Service 4990, Farmington NM 87499
If well produces oil or liquids, give location of tanks. Unit E Sec. 27 Twp. 29 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, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

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/MNCF _____ 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. Supv.
Date APR 6 1989 Telephone No. (505) 325-8841

OIL CONSERVATION DIVISION

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

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.