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SANTA FE				
FILE		/	سا	
U.S.G.S.				
LAND OFFICE				
TRANSPORTER	OIL			
TRANSFORTER	GAS			
OPERATOR				
PRORATION OFFICE				

## NEW MEXICO OIL CONSERVATION COMMISSION

	SANTA FE /	REQUEST I	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65		
	U.S.G.S.	AUTHORIZATION TO TRA	AND			
	LAND OFFICE	AUTHORIZATION TO TRA	NSPORT OIL AND NATURAL G	AS		
	TRANSPORTER OIL					
	GAS /					
_	PRORATION OFFICE					
1.	Operator					
	AMOCO PRODUCTION COMPANY					
	501 Airport Drive, Farmington, New Mexico 87401					
	Reason(s) for filing (Check proper box)	in in its	Other (Please explain)			
	New Well	Change in Transporter of:	_			
	Recompletion X	Oi: Dry Gas	<b>—</b> I			
	Change in Ownership	Casinghead Gas Conden	sate			
	If change of ownership give name					
	and address of previous owner					
11.	DESCRIPTION OF WELL AND I	.EASE   Well No.   Pool Name, Including Fo	ormation Kind of Lease	Federal Lease No.		
	Gallegos Canyon Unit	257 Undesignate	State Federal			
	Location	- VHACOTORING				
	Unit Letter <u>K</u> ; <b>213</b>	Feet From The South Line	e and Feet From T	The West		
	10	nship <b>99N</b> Range	11W , NMPM, San J	Tours County		
	Line of Section 19 Tow	nship 28N Range	11W , NMPM, San	illan		
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which approx	January of this form in to be contil		
	Name of Authorized Transporter of CII	or Condensate	Address (Give address to which approx	rea copy of this form is to be sent)		
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which approx	ped copy of this form is to be sent)		
	El Paso Natural Gas C		Box 990, Farmington, New Mexico 87401			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe			
	give location of tanks.		No			
***	If this production is commingled with	h that from any other lease or pool,	give commingling order number:			
17.	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deepen	Plug Back   Same Resty. Diff. Resty.		
	Designate Type of Completio			X		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	1-28-67 Elevations (DF, RKB, RT, GR, etc.)	7-20-71 Name of Producing Formation	5675 Top Oil/Gas Pay	Tubing Depth		
	5657' GL, 5669' RDB	Fruitland	1312'	1310 '		
	Perforations	1 1 11 11 11 11 11 11 11 11 11 11 11 11		Depth Casing Shoe		
	1312-1327 x 2 SPF		5675*			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
	12-1/4"	8-5/8"	261'	175		
	7-7/8"	4-1/2"	5675'	1600		
		2-3/8"	1310			
	The same province of	DD ATTOWARTE (Taxa must be s	feer recovery of total volume of load oil	and must be equal to an exceed top allow-		
V.	OIL WELL	able for this de	pth or be for full 24 hours			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	(r. erc.) Qt I TIVED		
		Tubing Pressure	Casing Pressure	Choke Size		
	Length of Test	I tubing Pressure		9.1 2 7 1971		
	Actual Prod. During Test	Oil-Bbis. +	Water - Bbls.	Gag-MCF		
				DIL CON. COM.		
				DIST. 3		
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	1009 (AOF 1050)	3 hr.				
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Back Pressure	506	506	0.750		
VI.	CERTIFICATE OF COMPLIANO	CE		ATION COMMISSION		
I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED, 19, 19				
		BY Signed by Emery C. Arnold				
		SUPERVISOR DIST. #0				
- constant of the constant of			TITLE			
	ORIGINAL SICHED IN D. A. WAYHAN		This form is to be filed in compliance with RULE 1104.			
O. A. WATERIO (Signature)  Area Engineer		If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
						ATER BUXINEE
	July 26,					
(Date)		well name or number, or transporter, or other such change of conditions				

able on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply completed wells.