

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATION		
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OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-01-78
Format 06-01-83
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Amoco Production Company

Address
2325 East 30th Street, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

☒ New Well	Change in Transporter of:	Other (Please explain)
☐ Recomple...	☐ Casinghead Gas	☐ Condensate
☐ Change in Ownership		

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gallegos Canyon Unit	Well No. 222E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF-078807A
Location				
Unit Letter <u>P</u> : <u>790</u> Feet From The <u>South</u> Line and <u>630</u> Feet From The <u>East</u>				
Line of Section <u>12</u> Township <u>28N</u> Range <u>13W</u> , NMPM, <u>San Juan</u> 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)
Permian Corporation	P. O. Box 1702 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 Company	Caller Service 4990 Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>P</u> Sec. <u>12</u> Twp. <u>28N</u> Rge. <u>13W</u>	No

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. 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 is true and complete to the best of my knowledge and belief.

BDS Shaw

Admin. Supervisor

July 28, 1986

RECEIVED
JUL 31 1986
OIL CON. DIV.
DIST. 3

OIL CONSERVATION DIVISION

APPROVED JUL 31 1986

BY Original Signed by FRANK T. CHAVEZ

TITLE SUPERVISOR DISTRICT 3

This form is to be filed in compliance with RULE 1104.

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.

All sections of this form must be filled out completely for allowable 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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	X	New Well	X	Workover	Deepen	Plug Back	Some Res'tv.	Diff. Res'tv.
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Date Spudded	07/11/85	Date Compl. Ready to Prod.	08/06/85	Total Depth	6440'	P.B.T.D.	6364'
Elevations (D.F., RKB, RT, CR, etc.)	5678' GR	Name of Producing Formation	Dakota	Top Oil/Gas Pay	6166'	Tubing Depth	6315'
Perforations	6166'-6184' 6192'-6200' 6246'-6300'	TUBING, CASING, AND CEMENTING RECORD					
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	12-1/4"	9-5/8" K55 36#	425'	354 CF
				8-3/4"	7" K55 23#	6398'	1468 CF
				2-3/8"	6315'		

A. 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 Tanks	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	

Actual Prod. Test - MCF/D	3320	Length of Test	3 hr	Bbls. Condensate/MCF	Gravity of Condensate	Choke Size	Back Pressure
Flowing Method (Plot back pr.)		Tubing Pressure (Start-End)	1341 psig	Casing Pressure (Start-End)	1438 psig	.75"	