

STATE OF NEW MEXICO
OIL AND NATURAL GAS DEPARTMENT
DISTRICT OFFICE
SANTA FE
LAND OFFICE
TRANSPORTER
OPERATOR
PRODUCTION OFFICE
Operator

Form C-104
Revised 10-1-70

OIL CONSERVATION DIVISION
P. O. BOX 2000
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Amoco Production Company
Address

501 Airport Drive, Farmington, N.M. 87401

Reason(s) for filing (Check proper box)

New Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
Recompletion ☐ Casinghead Gas ☐ Condensate ☒
Change in Ownership ☐ Other (Please explain)

If change of ownership give name and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name: Gallegos Cnayan Unit Well No.: 153 Pool Name, including Formation: Basin Dakota Kind of Lease: State, Federal or Fee Federal Lease No.: NM-03526

Location: Unit Letter B; 1065 Feet From The North Line and 1710 Feet From The East
Line of Section 28 Township 29N Range 12W, N14PM, San Juan County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Plateau, Inc. Address (Give address to which approved copy of this form is to be sent) P.O. Box 489, Bloomfield, N.M. 87413

Name of Authorized Transporter of Gas ☐ or Dry Gas ☒ EL PASO NATURAL GAS COMPANY Address (Give address to which approved copy of this form is to be sent) P.O. BOX 990

If well produces both oil and gas, give location of tanks: Unit B Sec. 28 Twp. 29N Rge. 12W Is gas actually connected? When

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

COMPLETION DATA

Designate Type of Completion - (X) Oil Well Gas Well New Well Workover Deepen Plug Back Same Resv. Diff. Resv.
Date Spudded Date Compl. Ready to Prod. Total Depth P.B.T.D.
Elevations (D, 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

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 greater than 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

AS 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

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.

DR. Larson
(Signature)

District Administrative Supervisor
(Title)

September 28, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED [Signature], 19
BY [Signature]
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.