STATE OF NEW MEXICO
OIL AND MINERALS DEPARTMENT

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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator

Amoco Production Company

Address

501 Airport Drive, Farmington, N.M.   87401

Reason(s) for filing (Check proper box)

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

If change of ownership give name
and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease State, Federal or Fee	Lease No.
Gallegos Canyon Unit	173	Basin Dakota	Fee	

Location

Unit Letter ___A___ ; __1025__ Feet From The __North__ Line and __905__ Feet From The __East__

Line of Section __29__ Township __29N__ Range __12W__ , NMPM,   San Juan   County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐   or Condensate ☒

Plateau, Inc.

Name of Authorized Transporter of Casinghead Gas ☐   or Dry Gas ☒

EL PASO NATURAL GAS COMPANY
P. O. BOX 990
FARMINGTON, NEW MEXICO

Address (Give address to which approved copy of this form is to be sent)

P.O. Box 489, Bloomfield, N.M.   87413

Address (Give address to which approved copy of this form is to be sent)

If well produces oil or liquids
give

	Unit	Sec.	Twp.	Rge.
	A	29	29N.	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 Res'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.

Elevations (DF, 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   (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)
OIL WELL

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

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, 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.

_____
(Signature)

__District Administrative Supervisor__
(Title)

__September 28, 1983__
(Date)

OIL CONSERVATION DIVISION

SEP 29 1983

APPROVED _____ , 19 ___

BY _____

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.