Appropriate District Office DISTRICT I P.O. Box 1980, Hobbs, NM 88240

Male of ries breaks Energy, Minerals and Natural Resources Department

Form C-104 Revised 1-1-89 See Instructions at Bottom of Page

DISTRICT II P.O. Drawer DD, Anesia, NM 88210

OIL CONSERVATION DIVISION P.O. Box 2088

Santa Fe, New Mexico 87504-2088

DISTRICT III 1000 Rio Brazos Rd., Aziec, NM 87410

REQUEST FOR ALLOWABLE AND AUTHORIZATION

Operator		O THAN	ISPORT OF	L AND NA	TURAL G					
1 ^	roduction Co				Well API No.					
Reason(s) for Filing (Check proper box) New Well	Stree		ansporter of:	100	NM lor (Please expl	874 C				
Recompletion Change in Operator	Oil Casinghead	a 🔲 a		Effect	ive 4-	1-89	godiy + 11	2071 9	89	
If change of operator give name and address of previous operator				······································						
•	4 N/IN 7 13 4 4				····			2351. 2		
II. DESCRIPTION OF WELL Lease Name										
Gallegas Canyon Unit 133 Pool Name, Includin					State			Federa Dor Fee SF -078370		
Unit Letter <u></u>	: 15	35 Fo	et From The	NLin	e and <u>183</u>	80F	cet From The _	E	Line	
Section 17 Township	, 24N	Ra	inge lau) , , ,	мем,	San	Juan		County	
III. DESIGNATION OF TRAN	SPORTER	OF OIL			a aldress to wh	ich ann				
Meridian Dilling. Name of Authorized Transporter of Casinghead Gas [or Diy Gas []					Address (Give address to which approved copy of this form is to be sent) P.O. Box 4289, Farmington NM 87499					
Amoco Production Co					Address (Give address to which approved copy of this form is to be sent) 2325 F 30th St, Farmington NM 81401					
If well produces oil or liquids, give location of tanks.	igi	cc. 14	נוברו מז	is gas actuali	y connected?	When	arming.	700 IVII	J 8 1901	
If this production is commingled with that for IV. COMPLETION DATA	rom any other	lease or pool	, give comming!	ing order num	ber:					
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 Pro	d.	Total Depth			P.B.T.D.		J	
Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation			Top Oil/Gas Pay			Tubing Depth				
Perforations							Depth Casing Shoe			
						·	'		•	
HOLECUS	TU	BING, CA	SING AND	f .)	· · · · · · · · · · · · · · · · · · ·			
HOLE SIZE CASING & TUBING SIZE			IG SIZE	DEPTH SET			SACKS CEMENT			
						· ·······				
							·			
V. TEST DATA AND REQUES	878867A									
OIL WELL (Test must be after re	COVERY of total	volume of le	ols adoil and must	he equal to on						
	Date of Test	vonene ty n	da on and mass	Producing Mc	thud (Flow, pw	wable for thi np, gas lift, e	s depth or be fo (c.)	full 24 hour	s.)	
							·			
Length of Test	Tubing Pressure			Casing Pressure			Choke Size			
Actual Prod. During Test	Oil - Hbls.			Water - libla			Gas- MCF			
GAS WELL						· · · · · · · · · · · · · · · · · · ·	l		J	
	Length of Test			libls. Condensate/MMCF			Gravity of Condensate			
esting Method (pitot, back pr.)	Tubing Pressure (Shut-in)			Casing Pressure (Shut in)			Choke Size			
VI. OPERATOR CERTIFICATE OF COMPLIANCE Thereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above				OIL CONSERVATION DIVISION						
is true and complete to the best of my thowledge and belief.				Date Approved						
VSSS haus				APR 11 1989						
Signature				By Smit Sham						
B.D. Shaw Adm. Supy Printed Name Title ADD T 1000 (505) 325-8841				Title Supervision district # 3						
APR= 5 1989 (5	7.110				-U17 U					

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.

 4) September Paris C 104 in 14 of the englishment in analysis of mathematical and the englishment.