

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

**NEW MEXICO OIL CONSERVATION COMMISSION  
REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS**

Form C-104  
Supersedes Old C-104 and C-110  
Effective 1-1-65

**I. Operator**  
Amoco Production Company

**Address**  
501 Airport Drive Farmington, NM 87401

**Reason(s) for filing (Check proper box)**

New Well <input checked="" type="checkbox"/>	Change in Transporter of:	Other (Please explain)
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/>	Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/>	Condensate <input type="checkbox"/>

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

Lease Name Gallegos Canyon Unit	Well No. 154E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>E</u> ; <u>1660</u> Feet From The <u>North</u> Line and <u>815</u> Feet From The <u>West</u>					
Line of Section <u>27</u> Township <u>29N</u> Range <u>12W</u> , NMPM, <u>San Juan</u> County					

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Graves Oil Company	P.O. Box 2077, Farmington, NM 87413
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas	P.O. Box 990 Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit   Sec.   Twp.   Rge.   Is gas actually connected?   When
	<u>E</u>   <u>27</u>   <u>29N</u>   <u>12W</u>   <u>No</u>

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

**IV. COMPLETION DATA**

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		<u>X</u>	<u>X</u>					
Date Spudded <u>3-12-80</u>	Date Compl. Ready to Prod. <u>4-30-80</u>	Total Depth <u>6106'</u>		P.B.T.D. <u>6070'</u>				
Elevations (DF, RKB, RT, GR, etc.) <u>5376' GL</u>	Name of Producing Formation <u>Dakota</u>	Top Oil/Gas Pay <u>5860'</u>		Tubing Depth <u>6039'</u>				
Perforations <u>5860-5872', 5934-5974', 6010-6018'</u>						Depth Casing Shoe <u>6106'</u>		
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
<u>12-1/4"</u>	<u>8-5/8" 24#</u>		<u>309'</u>		<u>315</u>			
<u>7-7/8"</u>	<u>4-1/2" 11.6#</u>		<u>6106'</u>		<u>1300</u>			
	<u>2-3/8"</u>		<u>6039'</u>					

**V. 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
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

**GAS WELL**

Actual Prod. Test - MCF/D <u>749</u>	Length of Test <u>3 hours</u>	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) <u>Back Pressure</u>	Tubing Pressure (Shut-in) <u>330 psig</u>	Casing Pressure (Shut-in) <u>550 psig</u>	Choke Size <u>.75</u>

**VI. CERTIFICATE OF COMPLIANCE**

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.

Original Signed By  
**E. E. SVOBODA**  
(Signature)  
District Administrative Supervisor  
(Title)  
6-5-80  
(Date)

**OIL CONSERVATION COMMISSION**

**JUN 16 1980**

APPROVED \_\_\_\_\_  
Original Signed by **FRANK T. CHAVEZ**

BY \_\_\_\_\_  
SUPERVISOR DISTRICT # **3**

TITLE \_\_\_\_\_

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.