	1		
DISTRIBUTION			
TILE			
LAND OFFICE			
			OIL
GAS			
OPERATOR			
PRORATION OFFICE			
	OIL GAS	OIL GAS	

111.

IV.

NEW MEXICO OIL CONSERVATION COMMISSION

	ANTA FE	REQUES	T FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-1		
	1.S.G.S.	AUTHORIZATION TO TO	AND	Effective 1-1-65		
	LAND OFFICE	AUTIONIZATION TO TR	RANSPORT OIL AND NATURAL	. GAS		
	TRANSPORTER OIL					
	OPERATOR GAS	-				
I.	PRORATION OFFICE					
	Operator Amoco Production Comp	any				
	Address					
	Reason(s) for filing (Check proper be	501 Airport Drive, Farmington, NM 87401				
	New Well	Change in Transporter of:	Other (Please explain)			
	Recompletion	Oil Dry C	Sas			
	Change in Ownership	Casinghead Gas Cond	ensate			
	If change of ownership give name and address of previous owner		·			
11.	DESCRIPTION OF WELL AND	LEASE				
	Lease Name Gallegos Canyon Unit	Well No. Pool Name, Including 1 173E Basin Dakota	111111111111111111111111111111111111111	se Lease No.		
	Location	173E Basin Dakota	State, Feder	ral or Fee Fee		
	Unit Letter E : 1	925 Feet From The North Li	635	TI		
			ne and 635 Feet From	The WEST		
	Line of Section 29 To	ownship 29N Range	12W , NMPM, San .	Juan County		
11.	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL G	A S			
	Name of Authorized Transporter of Ol	or Condensate X	Address (Give address to which appr	oved copy of this form is to be sent!		
	Graves Oil Company	,	P.O. Box 2077, Farming	eton. NM 87401		
	Name of Authorized Transporter of Co	or Dry Gas X	Address (Give address to which appro	oved copy of this form is to be sent)		
	El Paso Cas Company	Unit Sec. Twp. Fige.	4775 Indian School Rd Is gas actually connected?	NE, Albuquerque, NM 8711		
	if well produces oil or liquids, give location of tanks.	E 29 29N 12W	Yes !	nen		
	If this production is commingled w	ith that from any other lease or pool,				
¥.	COMPLETION DATA					
	Designate Type of Completi	on - (X) Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	4-8-80	11-5-80	6000'	5968 '		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	5303 Perforations	Dakota	5760'	5863'		
	5760-5772 , 5834-5858			Depth Casing Shoe		
Ì	TUBING, CASING, AND CEMENTING RECORD					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
ļ	12 1/4"	8 5/8"	318'	315 sx		
}	7 7/8"	4 1/2" 2 3/8"	5968'	1280 sx		
		2 3/8	5863 '			
٧.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	iter recovery of total volume of load oil	and must be count to or present top allow-		
:	OIL WELL Date First New Oil Run To Tanks	able for this de	car or be for fatt 24 hours)			
	Date that New Off Will 10 lduke	Date of Test	Producing Method (Flow, pump, gas li	li, eic. of the same of the sa		
-	Length of Test	Tubing Pressure	Casing Pressure	Chous Size		
-	Actual Prod. During Test	Oil-Bols.	Water-Bbis,	Gas-MOF		
!				745T. 3		
	GAS WELL			The state of the s		
i	Actual Fred, Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Well will be tested do	wn sales line.				
i	. coming mounts (pitot, oder pro-	Tubing Presents (Shuk-10)	Cosing Pressure (Shut-in)	Choka Siza		
با ي :	CENTIFICATE OF COMPLIAN	1180	1244			
\	ommittionin or compaining	J.35.	1	TION COMMISSION		
Ī	hereby carrify that the rules and r	egulations of the O.I. Conservation	APPROVED NOV 2 0 1980 19			
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Original Signed by CHARLES GHOLSON				
		DEPITY OH & GAS INSPECTOR DIST #2				
	Original Signed By		TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3			
			This form is to be filed in o	compliance with RULE 1104.		
E. E. SYOBODA (Signature) District Administrative Supervisor			If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.			
⊷.	November 18		· -	. III, and VI for changes of owner,		
	(De		well name or number, or transport	en or other such change of condition.		

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.

Secretar Forms C-104 must be filed for each post in multiply