THEY AND MINERALS DEPARTMENT COST MINUS 1984

OIL CONSERVATION DIVISION P. O. BOX 2088

DIST RIBLET FAM	P, O, BO	V MEXICO 87501			,	
HIA FE	SANTA PE, NEV	V MEXICO 07501			•	
1.3.(1.2.						
OIL OIL	REQUEST FOR ALLOWABLE AND					
GAS GAS	AUTHORIZATION TO TRANSI	-	AL GAS			
MORATION OFFICE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		·	·	· · · · · · · · · · · · · · · · · · ·	
AMOCO PRODUC	TION COMPANY					
ddraes					·	
	Drive, Farmington, N.M.					
Reason(s) for faling (Check proper box)	Change in Transporter of:	Other (Please	explain)	•		
New Well	Cil Dry Go	25		-		
Recompletion Change in Ownership	Casinghead Gas Conde	nsate .		•		
change of ownership give name nd address of previous owner						
	EACE		•	•		
DESCRIPTION OF WELL AND I	Well No. Pool Name, Including F	ormation	Kind of Lease		Lease No.	
Gallegos Canyon <u>Unit</u>	187E Basin Dal	kota	State, Federal	or Fee Fee		
Location	South	1600	•	West		
Unit Letter;	Feet From TheLir	ne and	_ Feet From Ti	he		
30		2W , NMPM,	San Ju	jan	County	
Line of Section Tow	mship Hange	, 1100 100			ليسيئ حب ريسيد ريي	
DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	AS				
Name of Authorized Transporter of OII	or Condensate 📉	Asc.ess force assists				
Plateau Incorporated	ed 4775 Indian School Rd.,			N.E., AIDUQ.NM	8/110 be sent)	
Name of Authorized Transporter of Cas El Paso Natural Gas Co	P. O. Box 990, Farmington NM, 87401					
	Unit Sec. Twp. Rge.	Is gas actually connecte				
If well produces oil or liquids, give location of tanks.	N 30 29N 12W	No	1			
if this production is commingled wit	h that from any other lease or pool,	give commingling order	number:			
COMPLETION DATA	Cil Well Gas Well	New Well Workover	Deepen	Plug Back Same Res	v. Diff. Restv.	
Designate Type of Completion	on = (X)	X			i i	
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
10-13-80	12-12-80	6164	!	Tubing Depth		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay 5962'		60901		
5543 GL.	Dakota			Depth Casing Shoe		
P\$1962-3986, 5993-6000, 6	5050-6072			6162'		
	TUBING, CASING, AN	D CEMENTING RECOR	D	·		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	<u> </u>	SACKS CEM	ENT	
12 1/4"	8 5/8"	315!		315 sx		
7 7/8"	4 1/2"	6162!		1425 sx		
	2 3/8"	6090!				
TEST DATA AND REQUEST F	OR ALLOWARIE (Test must be	after recovery of total volu	me of load oil a	and must be equal to or e	xceed top allow	
OIL WELL	able for this d	Producing Method (Flou)			
Date First New Oil Run To Tanks	Date of Test	Producing Mainod (Fibu	, pump, gus 11;	i, elli,	The same of the sa	
	Tubing Pressure	Casing Pressure		Choke Size		
Length of Test				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Actual Prod. During Test	Oil-Bbis.	Water - Bbis.		Gas-MGF	1	
GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F	Gravity of Condensate		
1675	3 hours			No. of the last of		
Testing Method (psiot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-1¤)	Choke Size		
Back Pressure	898	917	0110551107	.75"		
CERTIFICATE OF COMPLIAN	CE	OIL CONSERVATION DIVISION FFR 4 1981				
		APPROVED F	EB 41	JU 1	19	
I hereby certify that the rules and	regulations of the Oil Conservation and that the information given	1	igned by FRAN	IK T CHAVET		

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Division 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 F. E. SVOBODA	
and the second of the second of	District Admin. Supervisor	
	(Title) 1-30-81	
	(Date)	

Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT 第 3

This form is to be filed in compliance with NULE 1104.

If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tubulation of the deviation tests taken on the well in accordance with MULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted walls.

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.

TITLE _