

SANTA FE	5	REQUEST FOR ALLOWABLE	Supersedes Old C-104 and C-110
FILE	1	AND	Effective 1-1-65
U.S.G.S.	1	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRORATION OFFICE			

30-045-24175

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:
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"/>
Other (Please explain)	

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	Lease No.
Gallegos Canyon Unit	170E	Basin Dakota	State, Federal or Fee Fee	
Location				
Unit Letter	E	1775 Feet From The	North Line and	910 Feet From The
Line of Section	35	Township	29N	Range 12W, NMPM, San Juan County

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)			
Plateau, Inc.	4775 Indian School Rd NE, Albuquerque, NM 87110			
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 Company	P. O. Box 990 Farmington, NM 87401			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
	E	35	29N	12W
				Is gas actually connected? No
				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.	
		X	X						
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
3-10-80	4-15-80		6074'		6039'				
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
5345' GL, 5358' KB	Dakota		5816'		6001'				
Perforations					Depth Casing Shoe				
5816-5914', 5942-5986'					6074'				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	8-5/8"		307'		315				
7-7/8"	4-1/2"		6074'		1450				
	2-3/8"		6001'						

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	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
2631	3 hours		
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back pressure	905 psig	1014 psig	.75"

CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED _____, 19 _____	
Original Signed By E. E. SVOBODA (Signature) District Administrative Supervisor (Title) 5-19-80 (Date)		BY _____ Original Signed by FRANK T. CHAVEZ SUPERVISOR DISTRICT # 1 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 allowables 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.	