

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION 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

Operator Amoco Production Company	
Address 501 Airport Drive Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
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"/>

If change of ownership give name and address of previous owner _____

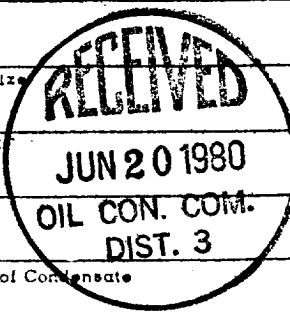
DESCRIPTION OF WELL AND LEASE			
Lease Name Gallegos Canyon Unit	Well No. 169E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Fee
Lease No.			
Location			
Unit Letter H ; 1850 Feet From The North Line and 790 Feet From The East			
Line of Section 35 Township 29N Range 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 H	Sec. 35	Twp. 29N
			Rge. 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
		X	X
Date Spudded 3-25-80	Date Compl. Ready to Prod. 5-23-80	Total Depth 6081'	P.B.T.D. 6054'
Elevations (DF, RAB, PT, GR, etc.) 5360' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 5834'	Tubing Depth 5954'
Perforations 5834-5950'			Depth Casing Shoe 6076'
TUBING, CASING, AND CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8" 24#	315'	350
7-7/8"	4-1/2" 10.5#	6076'	1500
	2-3/8"	5954'	

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 1227	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (prior, back pr.) back pressure	Tubing Pressure (Shut-in) 735 psig	Casing Pressure (Shut-in) 833 psig	Choke Size .75

I. 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. JVOBODA (Signature) District Administrative Supervisor (Title) 6-17-80 (Date)	

OIL CONSERVATION COMMISSION JUL 7 1980	
APPROVED _____, 19 _____	BY Original Signed by CHARLES GHOLSON
TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #2	
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.	