

NO. OF COPIES RECEIVED	
DISTRIBUTION	
DATE FILE	
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

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 _____

I. DESCRIPTION OF WELL AND LEASE

Lease Name Gallegos Canyon Unit	Well No. 108E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>N</u> ; <u>1120</u> Feet From The <u>South</u> Line and <u>1835</u> Feet From The <u>West</u> Line of Section <u>13</u> Township <u>29N</u> Range <u>13W</u> , NMPM, San Juan County				

I. 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) Box 2077, Farmington, NM 87401	
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) 501 Airport Drive, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 13
	Twp. 29N	Pge. 13W
	Is gas actually connected? <u>No</u> When _____	

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

V. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'tv.	Diff. Res'tv.
		X	X					
Date Spudded 3-27-80	Date Compl. Ready to Prod. 6-10-80		Total Depth 6054'		P.B.T.D. 6016'			
Elevations (DF, RKB, RT, GR, etc.) 5381' GL	Name of Producing Formation Dakota		Top Oil/Gas Pay 5812'		Tubing Depth 5937'			
Perforations 5812-5838, 5886-5926, 5940-5944					Depth Casing Shoe 6054'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		BACKS-CEMENT			
12 1/4	8 5/8" 24.0#		315'		315' SX			
7 7/8	4 1/2" 10.5#		6054'		1295' SX			
	2 3/8"		5937'					

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	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 1110	Length of Test 3 Hr.	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1311	Casing Pressure (Shut-in) 1311	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. SVOBODA

(Signature)

District Administrative Supervisor

(Title)

October 13, 1980

(Date)

OIL CONSERVATION COMMISSION

NOV 6 1980

APPROVED _____, 19 _____

Original Signed by FRANK T. CHAVEZ

BY _____

TITLE SUPERVISOR DISTRICT # 3

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.