

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. OPERATOR	
AMOCO PRODUCTION COMPANY	
Address 501 Airport Drive, Farmington, New Mexico 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"/>

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

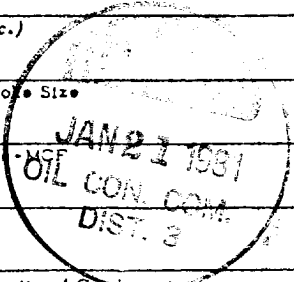
II. DESCRIPTION OF WELL AND LEASE				
Lease Name Gallegos Canyon Unit	Well No. 111E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF-080723
Location Unit Letter <u>I</u> ; <u>1470</u> Feet From The <u>South</u> Line and <u>920</u> Feet From The <u>East</u> Line of Section <u>20</u> Township <u>29N</u> Range <u>12W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS						
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Graves Oil Company	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"/> Amoco Gas Company	Address (Give address to which approved copy of this form is to be sent) 501 Airport Dr., Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit 1	Sec. 20	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: _____

IV. 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 8-23-80	Date Compl. Ready to Prod. 11-25-80	Total Depth 6174'	P.B.T.D. 6129'				
Elevations (DF, RKB, RT, GR, etc.) 5523' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 5942'	Tubing Depth 6061'				
Perforations 5942-5955, 6011-6048			Depth Casing Shoe 6174'				
TUBING, CASING, AND CEMENTING RECORD							
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT				
12 1/4"	8 5/8"	301'	300 sx				
7 7/8"	4 1/2"	6174'	1435 sx				
	2 3/8"	6061'					

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 129	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 860	Casing Pressure (shut-in) 945	Choke Size .75"

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION JAN 23 1981	
I hereby certify that the rules and regulations of the Oil Conservation Division 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 FRANK T. CHAVEZ	
Original Signed By E. E. SVOBODA		BY _____ SUPERVISOR DISTRICT # 3	
Dist. Admin. Supvr.		TITLE _____	
1/16/81		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.	
(Signature)			
(Title)			
(Date)			