

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.D.A.	
LAND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
OPERATOR	
PRODUCTION OFFICE	

1. Operator Amoco Production Company	
Address 501 Airport Dr., 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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Gallegos Canyon Unit	Well No. 197E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	State State	Lease No.
Location					
Unit Letter G	1550	Feet From The North	Line and 1710	Feet From The East	
Line of Section 36	Township 29N	Range 13W	, NMPLM, San Juan 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"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 26251, Albuquerque, NM 87125	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit G	Sec. 36
	Twp. 29N	Rge. 13W
	Is gas actually connected? No	
	When	

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

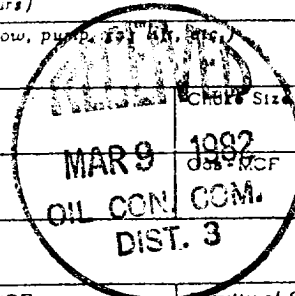
IV. COMPLETION DATA

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 12-26-81	Date Compl. Ready to Prod. 1-22-82		Total Depth 6035'		P.B.T.D. 5986'			
Elevations (D _h GL 5428' GL	Name of Producing Formation Dakota		Top Oil/Gas Pay 5828'		Tubing Depth 5957'			
Perforations 5828'-5844', 5858'-5864', 5908'-5920', 5920'-5940', 5940'-5960'					Depth Casing Shoe 6027'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8"		298'		300 sx			
7-7/8"	4-1/2"		6027'		1575 sx			
	2-3/8"		5957'					

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, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.



GAS WELL

Actual Prod. Test-MCF/D 391	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pacer, back pr.) Back Pressure	Tubing Pressure (Shut-in) 357 psig	Casing Pressure (Shut-in) 700 psig	Choke Size .75"

VI. CERTIFICATE OF COMPLIANCE

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.

Original Signed By

E. L. IVOROSA

(Signature)

District Administrative Supervisor

(Title)

3-5-82

(Date)

OIL CONSERVATION DIVISION

APPROVED _____, 19

Original Signed by FRANK T. CHAVEZ

BY _____

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 allow-
able 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.