STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OPERATOR .		
PRORATION OFFICE		

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

Form C-104 Revised 10-01-78 Format 06-01-83 . Page 1

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 flied for each pool in multiply

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

PROMATION OFFICE	AUTHORI	ZATION TO TRAN	SPORT OIL AND NATU	JRAL GAS	
Operator					·
Amoco Produc	ction Co.				
Address	D 1			B 5	
501 Airport		mington, N		10) 15 ha in man	
Reason(s) for filing (Check proper		.	Other (Pleas	U11 43 U W 3	
Recompletion		Transporter of:	ry Gas	640	
Change in Ownership	=	=	Condensate	SEP 0 4 1985	U
				O/L COM	
Il change of ownership give name and address of previous owner	•			DIST. DIV	
				5/3/. 3	
II. DESCRIPTION OF WELL A					
Gallegos Canyon Ur		Pool Name, Including F		Kind of Lease State, Federal or Fee Federa	Lege No. 1 SF078904
Location	11L 230E 3	impson Gall	<u>u p</u>	stote, redefin or redefin.	1 10/0904
Unit Letter 0 :	1070	The South Lin	*63A	Fact	
Onit Letter::	Feet From	The Bouth Life	• and	Feet From The East	·
Line of Section 23	Cownship 28N	Range	12W NMPM	. San Juan	County
3					
III. DESIGNATION OF TRAN	SPORTER OF OI	I. AND NATURAL	. GAS		
Name of Authorized Transporter of C		iensote 🗀	1	to which approved copy of this form t	
Permian Corporation		er Sty Gas	i	02 Farmington, NM	87499
one committed at a		er say car	Vogless (Cine activity	to write, approved topy of this form.	
	Unit Sec.	Twp. Rge.	is gas actually connecte	ed? , When	
if well produces oil or liquids, jive location of tanks.	0 23	28N 12W	No	i .	
this production is commingled w	rith that from any o	ther lease or pool	rive commingling order	number:	
			give committeeing oraci		
OTE: Complete Parts IV and	V on reverse side	of necessary.			
L CERTIFICATE OF COMPLIA	ANCE		OIL C	DNSERVATION DIVISION	
그는 그는 사람들이 들어 가는 것이 있다.	14.74.34.15			SEP 0 4	1985
preby certify that the rules and regular complied with and that the informat	tions of the Oil Conscion given is true and c	omplete to the best of	APPROVED		-1
knowledge and belief.			BY	Original Signed by FRANK T. C	HAVEZ
~ 1			TITLE	SUPERVISOR	DISTRICT # 9
\sim \sim \sim \sim \sim \sim			11166		
10D3r	(au)			be filed in compliance with RU	
(Sign	otwej			set for allowable for a newly dri be accompanied by a tabulation	
Adm. Supervisor		<u> </u>		vell in accordance with RULE 1	
Tu	le)		All rections of t	this form must be filled out components of wells.	pietely for allow

completed wells.

Designate Type of Comp	letion — (X)	OII Mell	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resty.	DIII. R.
10-6-84		1 X I. Ready to Pro 3-85	od.	Total Depth			P.B.T.D.	<u> </u>	<u> </u>
Devotions (DF, RKB, RT, GR, etc. 5771 GR	etc.; Name of Producing Formation Gallup		Tion	Top Oil/Gas Pay 5471'			6295 Tubing Depth 5634 Tubing Depth		
5471'-5524', 5544				-	· · · · · · · · · · · · · · · · · · ·		Depth Casin 6353	g Shoe	
HOLE SIZE		TUBING, CA	ASING, AND	CEMENTIN	G RECORD	·			
12-1/4	CASING & TUBING SIZE 9-5/8", 32.3#,K55 7", 23#, H40 2-3/8"		DEPTH SET			SACKS CEMENT			
8-3/4"				312'			360 cf		
				6353' 5634'			1981cf		
TECH DAM						<u> </u>	 		
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ingth of Teet	4-1 Tubing Process 0 p	9-85 w• sig		er recovery of the or be for fu Producing Ma Pun Casing Press 22 p	total volume il 24 kours) thod (Fiow. p iping use sig	ump, gas lifi	Choke Size	. 9	d top all

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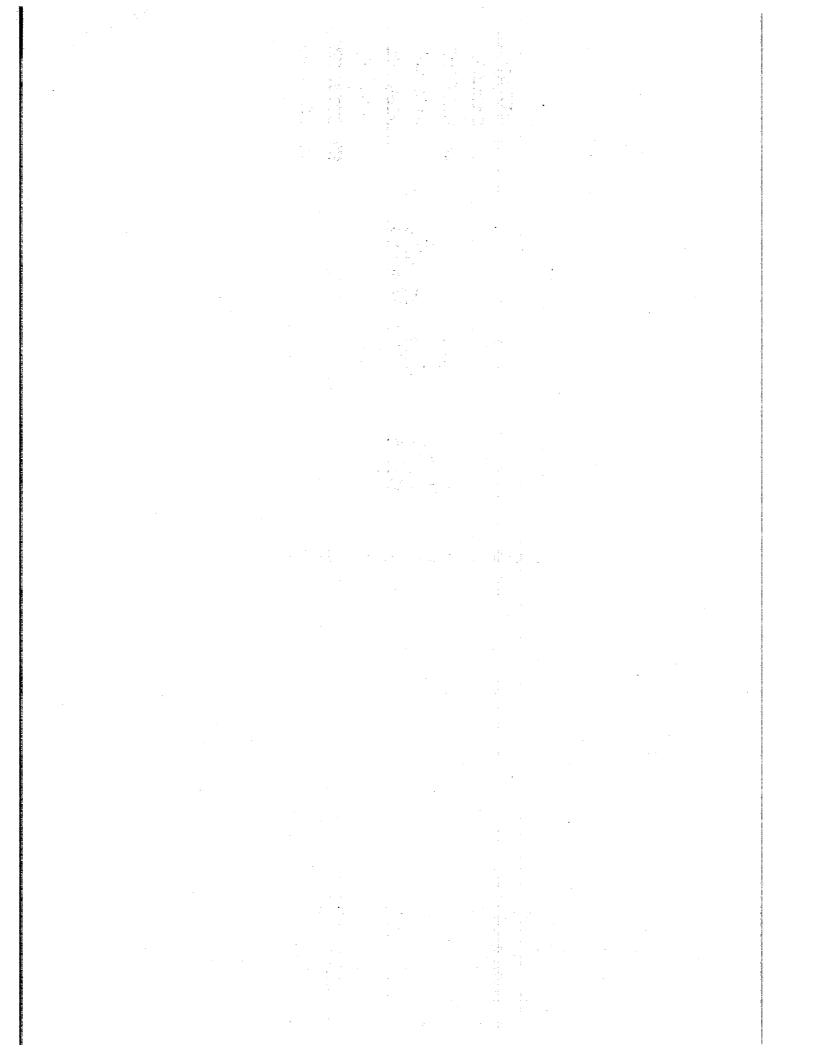
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STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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

Form C-104 Revised 10-01-78 Format 05-01-83 Page 1

Separate Forms C-104 must-be filed for each pool in multip:

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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Mame of Authoritisa Transporter of Cosinghead Gos Or Dry Gas P.O. Box 990, Farmington, NM 87499		. EM
Mame of Authoritisa Transporter of Cosinghead Gos Or Dry Gas P.O. Box 990, Farmington, NM 87499		87401
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Mame of Authoritisa Transporter of Cosinghead Gos Or Dry Gas P.O. Box 990, Farmington, NM 87499		130 130 130
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Mame of Authoritisa Transporter of Cosinghead Gos Or Dry Gas P.O. Box 990, Farmington, NM 87499		V .
Mame of Authoritisa Transporter of Cosinghead Gos Or Dry Gas P.O. Box 990, Farmington, NM 87499	and address of previous owner	
Location Canyon Unit 230E Simpson Gallup Siote, Federal SF07890	II. DESCRIPTION OF WELL AND LEASE	
Location Unit Letter 0: 1070 Feet From The Soilth Line and 1630 Feet From The East Line of Section 23 Township 28N Bange 12W NMPM, San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorited Transporter of Casinghead Gas or Condensate Address (Give address to which approved copy of this form is to be sent) Hame of Authorited Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of this form is to be sent) E1 Paso Natural Gas Co. E1 Paso Natural Gas Co. P.O. Box 990, Farmington, NM 87499 If well produces oil of liquids, Unit Sec. Twp. Rgs. Is gas actually connected? When the production is commingled with that from any other lesse or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary. 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 is true and complete to the best of my knowledge and belief. Adm. Supervisor Signature) Adm. Supervisor (Signature) Adm. Supervisor (Title) Adm. Supervisor (Title) Adm. Supervisor (Title) Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent) P.O. Box 990, Farmington, NM 87499 In gas actually connected? When the number: NO Expervisor of tone and transporter of the form of the device of the device of the device of the form of the form of the device of the device of the device of the form must be seconganiled by a tebulation of the device test of the form must be seconganiled by a tebulation of the device test of the form must be seconganiled by a tebulation of the device test of the form must be seconganiled by a tebulation of the device test of the form must be seconganiled by a tebulation of the device test of the form must be seconganiled by a tebulation of the device test of the form must be seconganiled by a tebulation of the device test of the form	Lease Name Well No. Pool Name, Including F	*····=·····
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