ENERGY AND MINERALS DEPARTMENT

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U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	
OPERATOR		
PRORATION OFFICE		

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

Address: 501 Airport Drive, Farmington, N M 87401

Reason(s) for filing (Check proper box)

- [x] New Well
- [ ] Recompletion
- [ ] Change in Ownership

Change in Transporter of:

- [ ] Oil
- [ ] Casinghead Gas
- [ ] Dry Gas
- [ ] Condensate

Other (Please explain)

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Gallegos Canyon Unit	20 E	Basin Dakota	State, Federal or Fee Federal	SF 078828A

Location

Unit Letter O : 900 Feet From The south Line and 1850 Feet From The east

Line of Section 11 Township 28N Range 12W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil [ ] or Condensate [X]: Permian Corporation

Address (Give address to which approved copy of this form is to be sent): P.O. Box 1702, Farmington, NM 87499

Name of Authorized Transporter of Casinghead Gas [ ] or Dry Gas [X]: 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 87499

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	O	11	28N	12W	no	

If this production is commingled with that from any other lease 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.

B D Shaw
(Signature)

Adm. Supervisor
(Title)

4/23/85
(Date)

OIL CONSERVATION DIVISION

APPROVED 5-6-85 MAY 06 1985, 19 _____

BY Original Signed by FRANK T. CHAVEZ

SUPERVISOR DISTRICT # 3

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 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.

V. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.
		X	X				

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
3/9/85	4/4/85	6155'	6114'

Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
5502'GR	Dakota	5917'	6058'

Perforations: 5917'-5930',5987'-6026',6050'-6056',4 jspf, .45" in diameter, for a total of 232 holes.

Depth Casing Shoe: 6155'

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8",24#,K55	410'	330 c.f. Class
7-7/8"	4-1/2",13.5#,N80	6155'	1315c.f. Class
	2-3/8"	6058'	

V. TEST DATA AND REQUEST FOR ALLOWABLE (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)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
808	3 hrs		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
Back Pressure	624 psig	684 psig	.75"