

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

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DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

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)
☒ New Well
☐ Recompletion
☐ Change in Ownership
Change in Transporter of:
☐ Oil
☐ Gashead Gas
☐ Dry Gas
☐ Condensate
Other (Please explain)
If change of ownership give name and address of previous owner
JUL 18 1985
OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE
Lease Name Gallegos Canyon Unit Well No. 238R Pool Name, including Formation Basin Dakota Kind of Lease Federal Lease No. 077966
Location Unit Letter B : 790 Feet From The North Line and 1850 Feet From The East
Line of Section 23 Township 28N Range 13W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☐ or Condensate ☒ 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 Gashead Gas ☐ or Dry Gas ☒ El Paso Natural Gas 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 B Sec. 23 Twp. 28N 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:

NOTE: Complete Parts IV and V on reverse side if necessary.

IV. 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.

DD Lawson
(Signature)
District Admin. Supervisor
(Title)
7-16-85
(Date)

OIL CONSERVATION DIVISION

APPROVED JUL 18 1985

BY Original Signed by FRANK T. CHAVEZ

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.

IV. COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
5-12-85	6-12-85		6473'		6457'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
5986' GR	Dakota		6254'		6371'				
Perforations						Depth Casing Shoe			
6254'-6270', 6312'-6330', 6330'-6350'									

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12-1/4"	8-5/8", 24# K55	319'	325 cF
7-7/8"	4-1/2", 11.6# K55	6473'	3125 cF
	2-3/8"	6371'	

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)

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

TEST WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
1180	3 hrs		
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size
back pressure	751 psig	1671 psig	.75"