STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTE	0#	1	T	_
SANTA FE		1	1	
FILE			1	1
U.S.G.4.	U.S.G.4.		1-	1
LAND OFFICE		1-	1	1
TRANSPORTER	OIL			1
	GAS			1
OPERATOR			_	١
PRORATION OFFICE			_	l

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OF AND MATE

AUTHORIZATION TO TRAN	AND ASPORT OIL AND NATURAL GAS
I. Operator	
	V. Carlotte and Ca
Amoco Production Co.	
501 Airport Drive, Farmington, N M 8	07/01
Reason(s) for filing (Check proper box)	0ther (Please explain)
New Well Change in Transporter of:	ower freeze explainly
Recompletion Oil	Dry Gas
Change in Ownership Casinghead Gas	Condensate
If change of ownership give name	
and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE	•
Exase Name Well No. Pool Name, Including	Formation Kind of Lease Lease No.
Gallegos Canyon Unit 213E Basin Dakot	
Location	
Unit Letter M : 930 Feet From The South Li	tne and 480 Feet From The West
201	10
Line of Section O Township ZON Range	12W . NMPM, San Juan County
JII. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	L GAS
Name of Authorized Transporter of CII or Condensate X	Addition (Give address to which approved copy of this form is to be sent)
Permian Corporation	P.O. Box 1702, Farmington, N.M. 87499
Name of Authorized Transporter of Caeinghead Gas 🗍 💮 or Dry Gas 🐔	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company Unit Sec. Twp. Rge.	P.O. Box 990, Farmington, N.M. 57499
ti well produces off or figures,	Is gas actually connected? When
1 0 120 124	l 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	O DIL CONSERVATION DIVISION
hands and the standard and the CL 010	OIL CONSERVATION DIVISION APPROVED AUG 0 2 1985
hereby certify that the rules and regulations of the Oil Conservation Division have seen complied with and that the information given is true and complete to the best of	
ny knowledge and belief.	BYOriginal Signed by FRANK T. CHAVEZ
	PHREDWICON DIOTOIN
RICI	
NO haw	This form is to be filed in compliance with RULE 1104.
(Signature)	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
Adm. Supervisor	tests taxen on the well in accordance with AULE 111.
(Title)	All sections of this form must be filled out completely for allow- able on new and recompleted wells.
7-23-85 (Date)	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.
ll l	Separate Forms C-104 must be filled for each pool in multiply completed wells.



OIL CON, DIV. DIST. 3

Designate Type of Comple	tion - (X)	OII Well	Gas Well	New Well	Workover	Daebeu	Plug Back	Same Restv.	Diff. Res'
Date Spudded	Date Compl.	Ready to P	_1	Total Depti		 -	+	1 	! !
5 - 30 - 85	7-2-85		6270'		P.B.T.D. 6223'				
evations (DF, RKB, RT, GR, etc., Name of Producing Formation		ation	Top Oll/Gas Pay			Tubing Depth			
5641' GR	•			6018'			6185'		
Perforations							Depth Casir	ng Shoe	
6018'-6032', 608	88'-6156'						6270	•	
		TUBING,	CASING, AND	CEMENTI	NG RECORD			······································	
HOLE SIZE		G & TUBIA		T	DEPTH SET		. SA	CKS CEMEN	T ·
12-1/4"	8-5/8	11,24#,	K 5 5	32	2 '		31.9 cf		
7-7/8"	4-1/2	",11.6	#,K55	62	65'		2015 c	f	
	1 2 - 3	/8"		1 6	85				
			·	ļ					
OIL WELL	T FOR AILON	VABLE (T	est must be aj bla for this de	iter recovery o	f sosal volume all 24 hours)	of load oil	and must be as	ual to or exce	ed sop allor
. TEST DATA AND REQUES OIL WELL		VABLE (T	est must be a) bla for this de	ster recovery of price or based or based or based or based or for f	of socal volume all 24 hours) without (Flow.)			qual to or exce	ed top aller.
OIL WELL	T FOR AILON	VABLE (T	est must be a bla for this de	ster recovery of price or based or based or based or based or for f	all 24 hours) ethod (Flow.)			cual to or exce	ed top allow
OH. WELL Gate First New Oil Hun To Tenke	T FOR ALLOV	VABLE (T	est must be a) bla for this de	fter recovery of pik or be for f	all 24 hours) ethod (Flow.)		(t, •te.)	ual to or exce	ed top aller.
OH WELL Jose First New Oil Hun To Tenke Length of Test Miuai Prod, During Test	T FOR AILON Date of Test Tubing Pross	VABLE (T	est must be a) bla for this de	fter recovery copin or be for f Producing M Casing Pres	all 24 hours) ethod (Flow.)		Choke Sixe	ual to or exce	€ó top allet
OH WELL Jose First New Oil Hun To Tenke Joseph of Test Joseph During Test	T FOR ALLOW Date of Test Tubing Press Off-Bbis. Length of Tes	VABLE (T	est must be a) bla for this de	fter recovery copin or be for f Producing M Casing Pres	ull 26 hours)		Choke Sixe		«d top allow
CH. WELL Length of Test Leng	T FOR ALLOW Date of Test Tubing Pross Oil-Bbis. Length of Tes	WABLE (T	ola for this de	(ter recovery of pik or be for f Producing Manager Producing Manager Producing Produci	ull 26 hours)		Choke Sixe		ed top aller
COR. WELL Cate First New Oil Hun To Tenke Length of Teel Mind Prod. During Test AS WELL Cough Prod. Test-MCF/D	T FOR ALLOW Date of Test Tubing Pross Off-Bbis. Length of Tes 3 hr Tubing Pre-su	WABLE (T	ola for this de	Casing Press	ull 26 hours)	oump, gas li	Choke Sixe	ond e ncate	ed top alica