STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

Amoco Production Co.

DISTRIBUTION			
BANTA FE	SANTA FE		
FILE #			
U.8.0.4.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION OFF	HC€		

Operator

OIL CONSERVATION DIVISION P. C. 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 OIL AND NATURAL GAS

	ri 0/401			
Reason(s) for filing (Check proper box)	Other (Please explain)			
New Well Change in Transporter of:				
Recompletion Oil	Dry Gas Old Control of the control o			
Change in Ownership Casinghead Gas	Condensate			
New Well				
II. DESCRIPTION OF WELL AND LEASE				
	T 1/0			
Gallegos Canyon Unit 214E Totah Gall				
Unit Letter L : 1720 Feet From The North	Line and .810 Feet From The West			
Line of Section 16 Township 28N Range	12W , NMPM, San Juan County			
AND DESCRIPTION OF TRANSPORTER OF OU AND MATTER	DAT CAS			
III. DESIGNATION OF TRANSPORTER OF OIL AND INATUR	Address (Give address to which approved copy of this form is to be sent)			
	P. O. Box 1702 Farmington, NM 87499			
1 Climitati				
ting Sec. Two, Rge.				
If well produces oil or liquids,	j			
If this production is commingled with that from any other lease or po	ool, give commingling order number:			
NOTE: Complete Parts IV and V on reverse side if necessary.				
Company of the state of the sta	OIL CONSERVATION DIVISION			
VI. CERTIFICATE OF COMPLIANCE				
I hereby certify that the rules and regulations of the Oil Conservation Division h	ave APPROVED, 19			
been complied with and that the information given is true and complete to the best	Authorized Transporter of Cil or Condensate mian Corp. Address (Give address to which approved copy of this form is to be sent) P. O. Box 1702 Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent) Paso Natural Gas Co. P. O. Box 990 Farmington, NM 87499 Produces oil or liquids, otton of tanks. L. 16 28N 2W No Production is commingled with that from any other lease or pool, give commingling order number: Complete Parts IV and V on reverse side if necessary. TIFICATE OF COMPLIANCE Criffy that the rules and regulations of the Oil Conservation Division have plied with and that the information given is true and complete to the best of edge and belief. Address (Give address to which approved copy of this form is to be sent) P. O. Box 990 Farmington, NM 87499 Is que actually connected? NO OIL CONSERVATION BIVISION APPROVED BY Original Signed by FRANK I. CHAVEZ TITLE SUPERVISOR DISTRICT # 3 This form is to be filled in compliance with Rule 1104.			
Name Name Pool Name, including Formation States S				
J. J.				
	well, this form must be accompanied by a tabulation of the deviation.			
	All sections of this form must be filled out completely for allows.			
••••				
(Date)	well name or number, or transporter, or other such change of condition.			
II. DESCRIPTION OF WELL AND LEASE Lease Name	Separate Forms C-104 must be filed for each pool in multiply completed wells.			

	Oll Well Gas We	ell New Well Workover	Deepen	Plug Back Same Resty	Diff. Res'v.		
Demignate Type of Completi		X		, rad Back Same (table)	1		
Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	<u></u>		
6-7-85	August 26, 1985	6114'		6072"			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oll/Gas Pay		Tubing Depth			
5494' GR	Gallup	5062'	5062'		5966'		
Perforations 5062'-5070', 5234	'-5370'			Depth Casing Shoe			
	TUBING, CASING,	AND CEMENTING RECO	₹D				
HOLE SIZE	CASING & TUBING SIZE	DEPTH S	ET	SACKS CEME	нт		
12-1/4"	9-5/8" 36# V-55	314'		431 cf			
8-3/4"	7" 23# I-55	6114'		1661_cf			
	2-3/8"	5380'					
7. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must able for the	be after recovery of total vol- tile depth or be for full 24 hour	uma of load of	Il and must be equal to or exc	eed top allow		
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flor	w, pump, tas	lift, etc.)			
August 26, 1985	September 11, 19	85 Pumpin	9				
Longin of Tost	Tubing Pressure	Casing Pressure	O.	Choke Sixe			
Pauliu of 1 age	l ·			1			
24 hours		NA					
- ·	Oil-Bbls.	Water-Bbls.	<u></u>	Gas-MCF	·		
24 hours	Off-Bbls.		ر در	Gae - MCF			
24 hours (Ketual Prod. During Test		Water - Bbls.		Gas-MCF O			
24 hours		Water - Bbls.	DF.	Gas-MCF O Gravity of Condensate			

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			1
BANTA FE	SANTA FE		
PILE			
V.8.0.8.	V.1.0.1.		
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PROBATION 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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL G

I.	PURT OIL AND NATURAL GAS				
Amoco Production Co.					
501 Airport Drive, Farmington, N	M 87401				
Reason(s) for filing (Check proper box)	Other (Please explant)				
New Well Change in Transporter of:					
Recompletion OII D	SEP2 7 1985				
Change in Ownership Casinghead Gas C	ondensate				
If change of ownership give name and address of previous owner	OIL CON, DIV.				
II. DESCRIPTION OF WELL AND LEASE					
Lease Name Well No. Pool Name, Including F	- 1 T-1/0-				
Gallegos Canyon Unit 214E Basin Dakota	State, Federal or Fee Federal IND-8474				
Unit Letter I : 1720 Feet From The North Lin	e and 810 Feet From The West				
Line of Section 16 Township 28N Range 12	W , NMPM, San Juan County				
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	GAS				
Name of Authorized Transporter of CII X or Condensate	Address (Give address to which approved copy of this form is to be sent)				
Permian Corp.	P. O. Box 1702, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)				
El Paso Natural Gas Co.	P. O. Box 990 Farmington, NM 87499				
If well produces oil or liquids, Unit Sec. Twp. Rgs. give location of tanks. L 16 28N 12W	Is gas actually connected? When 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.	II.				
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION				
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED 51 P 27.1885				
been complied with and that the information given is true and complete to the best of my knowledge and belief.	Original Signed by FRANK T. CHAVET				
·	TITLE SUPERVISOR DISTRICT # 3				
-5-4	This form is to be filed in compliance with RULE 1104.				
(Signature)	If this is a request for allowable for a newly drilled or deepen:				
District Adm. Supervisor	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.				
(Title)	All sections of this form must be filled out completely for allowable on new and recompleted wells.				
September 18, 1985	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.				

completed wells.

IV. COMPLETION DATA								10:44	5 - 4
Decision True of Completi	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Restv.	Dill.	Hes'v.
Designate Type of Completi-	on = (x) X	1 	X	<u></u>		<u> </u>	<u> </u>		
Dote Spudded	Date Compl. Ready to P	to Prod. Total Depth			P.B.T.D.				
6-7-85	8-9-85		6114'			6072			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Form	ation	Top Oil/Gas Pay			Tubing Depth			
5494' GR	Dakota		5856'			5966'			
Perforations						Depth Casing Shoe			
5856'-5876', 5932'	-5950'				·	1			
	TUBING,	CASING, AN	D CEMENTI	NG RECOR	D				
HOLE SIZE	CASING & TUBI			DEPTH SE		SACKS CEMENT			
12-1/4"	9-5/8" 36# K	_ 5.5	314'			431 cf			
8-3/4"	7" 23# J-		611	4 1			1661 cf		
	2-3/8"		5966'						
			.i			1			
A TEST DATA AND REQUEST OIL WELL	FOR ALLOWABLE (7	Test must be a abls for this d	epen or ba jo.	, 5	,		iqual to or exc	eed top	, allow
Date First New Oil Run To Tanks	Date of Test		Producing Method (Flow, pump, gas lift, etc.)						
Length of Test	Tubing Pressure		Casing Pre	seure		Choke Size	<u> </u>		
Actual Prod. During Test	Oli-Bbls.		Water - Bbla	,,		Gae · MCF			
AS WELL	<u>. I </u>	<u></u>	<u></u>						
Actual Prod. Test-MCF/D	Length of Test		Bbls. Cond	ensate/MMC		Gravity of	Condensate		
2188	3 hr					1			
Teeting Method (pitot, back pr.)	Tubing Pressure (Shut-	·in)	Casing Pre	esure (Sbat-	-in)	Choke Size	•		
Rack Pressure	630 psi	ø				. 7.5	11		

Packer Set 5500'