

NO. OF COPIES ORDERED	
DISTRIBUTION	
AREA FE	
IF	
AND OFFICE	
TRANSPORTER	OIL
	NATURAL GAS
PERMIT	
APPROVATION OFFICE	
PERIOD	

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104
Revised 10-1-78REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Amoco Production Company

Address

501 Airport Drive, Farmington, N.M. 87401

Reason(s) for filing (Check proper box)

New Well	☐	Change in Transporter of:	
Recompletion	☐	Oil	☐
Change in Ownership	☐	Casinghead Gas	☐
		Dry Gas	☐
		Condensate	☒

Other (Please explain)

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including formation	Kind of Lease	Lease No.
Allegos Canyon Unit Com "G"	179	Basin Dakota	State, Federal or For Fee	

Location	Unit Letter	K	1460	Feet From The	South	Line and	2494	Feet From The	West
	Line of Section	26	Township	29N	Range	12W	NMPM,	San Juan	County

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil	☐	or Condensate	☒	Address (Give address to which approved copy of this form is to be sent)		
Plateau, Inc.				P.O. Box 489, Bloomfield, N.M. 87413		
Name of Authorized Transporter of Gas	☐	or Dry Gas	☒	Address (Give address to which approved copy of this form is to be sent)		
EL PASO NATURAL GAS COMPANY				P.O. BOX 990		
Well Name	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
FARMINGTON, NEW MEXICO	K	26	29N	12W		

If this production is commingled with that from any other lease or pool, give commingling order number:

COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res.v.	Diff. Res.v.
Spudded								
Date Compl. Ready to Prod.								
Total Depth								
P.B.T.D.								
Producing Formations (RT, GR, etc.)								
Name of Producing Formation								
Top Oil/Gas Pay								
Tubing Depth								
Depth Casing Shoe								

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE
WELL

(Test must be after recovery of total volume of load all and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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.

S WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Choke Size
Producing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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.

OIL CONSERVATION DIVISION

SEP 29 1983

APPROVED

BY

TITLE

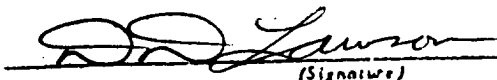
This form is to be filed in compliance with RULE 1104.

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 1, 11, 111, and VI for changes of owner, well name or number, or transporter, or other such change of condition.

Separate Form C-104 must be filed for each point in multiply completed wells.



District Administrative Supervisor

September 28, 1983

(Date)