STATE OF NEW MEXICO
Y AND MINERALS DEPARTMENT

Form C-104
Revised 10-1-78

OIL CONSERVATION DIVISION

P. O. BOX 2088
SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

perator
Amoco Production Company

ddress
501 Airport Drive, Farmington, N.M. 87401

eason(s) for filing (Check proper box)
ew Well ☐ Change in Transporter of: Oil ☐ Dry Gas ☐
ecompletion ☐ Casinghead Gas ☐ Condensate ☒
hange in Ownership ☐

Other (Please explain)

change of ownership give name
d address of previous owner

ESCRIPTION OF WELL AND LEASE

ease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
llegos Canyon Unit Com "G"	179	Basin Dakota	State, Federal or Fee Fee	

ocation
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

ESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

ame 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

ame 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 COMPANY | P. O. BOX 990 FARMINGTON, NEW MEXICO

well produces oil or liquids, ve location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	K	26	29N	12W		

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

OMPLETION DATA

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

ite Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
evations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
rforations			Depth Casing Shoe

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

ST 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)

L WELL

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

RECEIVED
SEP 29 1983
OIL CON. DIV.
DIST. 3

S WELL

tual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
sting Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

RTIFICATE OF COMPLIANCE

reby certify that the rules and regulations of the Oil Conservation sion have been complied with and that the information given e is true and complete to the best of my knowledge and belief.

D. D. Lawson
(Signature)

District Administrative Supervisor
(Title)

September 28, 1983
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 29 1983, 19

BY

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.