	i		
DISTRIBUTION 5 SANTAFE /	REQUEST FOR ALLOWABLE Supersed		Form C-104 Supersedes Old C-104 and C-11. Effective 1-1-55
U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
LAND OFFICE			
THAT POHTER GAS	-		30-045-24173
OPERATOR /			- , , ,
PRORATION OFFICE Operator	1	, , , , , , , , , , , , , , , , , , ,	
Amoco Production Compa	any		·
Address			
501 Airport Drive Reason(s) for filing (Check proper box	Farmington, NM 87401	Other (Please explain)	
New Well	Change in Transporter of:	Omer (1 tense explain)	
Recompletion	OII Dry Go	15 <u> </u>	
Change in Ownership	Casinghead Gas Conde	nsate	
f change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AND		Trial att	
Lease Name	Well No. Pool Name, Including F	•	total as Fac
Gallegos Canyon Unit	211E Basin Dakota		Fee Fee
Unit LetterC;9(00 Feet From The North Lir	ne and 1740 Feet Fro	om The West
Line of Section 32 To	wnship 29N Range	12W , NMPM, San	Juan County
	TER OF OIL AND NATURAL GA		
Name of Authorized Transporter of Oli	or Condensate [X]		
Plateau, Inc. 4775 Indian School Rd NE Albuq Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this		proved copy of this form is to be sent)	
		P.O. Box 990, Farmington, NM 87401	
If well produces oil or liquids,	Unit Sec. Twp. P.ge. C 32 29N 12W	Is gas actually connected? When	
give location of tanks.	_ 	No No	
f this production is commingled wind COMPLETION DATA	th that from any other lease or pool,		
Designate Type of Completi	on - (X) Cil Well Gas Well X	New Well Workove: Deepen	Plug Back Same Resty. Diff. Resty.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
2-27-80	4-18-80	6141'	6095 '
Elevations (DF, RKB, RT, GR, etc.) 5441 GL	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations	Dakota	5916'	6065 Depth Casing Shoe
5916-5926', 6002-6020'	', 6048-6066'		
		D CEMENTING RECORD	
HOLE SIZE 12-1/4"	CASING & TUBING SIZE	326 T	SACKS CEMENT 312
7-7/8"	4-1/2" 11.6#	6141'	1310
	2-3/8"	6065'	
	lon Arrowant - m	i a a a a a a a a a a a a a a a a a a a	oil and must be equal to or exceed top allow-
TEST DATA AND REQUEST F		epth or be for full 24 hours)	
Date First New Oil Bun To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF
GAS WELL			
Actual Prod. Toot-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Candensate
808	3 hours		12772
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in) 972 psig	.750
Back pressure	695 psig		
CERTIFICATE OF COMPLIAN	CL	YAM	VATION COMMISSION

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

> Orkinal Signed By E. E. SVOLODA

(Signature)

District Administrative Supervisor

5-20-80 (Dute)

(Title)

well, this form must be accompanied by a tabulation of the deviation tests (aken on the well in accordance with MULE 111. All actions of this form must be filled out completely for allowable on new and recompleted wells.

Original Signed by FRANK T. HAVEZ

SUPERVISOR DISTRICT # 3

This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly delited or despended

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.

APPROVED.

TITLE __