

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

1. OPERATOR	
Operator Amoco Production Company	
Address 501 Airport Drive, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
Other (Please explain)	

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE				
Lease Name Gallegos Canyon Unit	Well No. 168E	Pool Name, Including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF-080844A
Location				
Unit Letter C	830	Feet From The North	Line and 1590	Feet From The West
Line of Section 19	Township 28N	Range 11W	, NMPM, San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
Plateau, Inc.		P.O. Box 26251, Albuquerque, NM 87125		
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Company		P.O. Box 990, Farmington, NM 87401		
If well produces oil or liquids, give location of tanks.	Unit C	Sec. 19	Twp. 28N	Rge. 11W
Is gas actually connected?		When		
NO				

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

IV. COMPLETION DATA				
Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover
		X	X	
Date Spudded 10-24-81	Date Compl. Ready to Prod. 11-21-81	Total Depth 6179'	P.B.T.D. 6154'	
Elevations (DF, R&B, RT, GR, etc.) 5593' GL	Name of Producing Formation Basin Dakota	Top Oil/Gas Pay 6005'	Tubing Depth 6120'	
Perforations 6005'-6012', 6054'-6094', 6108'-6124'			Depth Casing Shoe 6179'	
TUBING, CASING, AND CEMENTING RECORD				
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12-1/4"	8-5/8"	335'	315 sx	
7-7/8"	4-1/2"	6179'	1440 sx	
	2-3/8"	6120'		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL			(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)
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	

GAS WELL			
Actual Prod. Test-MCF/D 4751	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) back pressure	Tubing Pressure (Shut-in) 1134 PSIG	Casing Pressure (Shut-in) 1160 PSIG	Choke Size .75"

I. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION DIVISION	
I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		APPROVED _____, 1981	
Original Signed By E. E. SVOBODA		Original Signed by FRANK T. CHAVEZ	
(Signature)		BY _____	
District Administrative Supervisor		SUPERVISOR DISTRICT # 3	
(Title)		TITLE _____	
(Date)		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.	