

OIL CONSERVATION DIVISION
P. O. BOX 2088
SANTA FE, NEW MEXICO 87501Form C-104
Revised 10-1-78REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

| | |
|------------------------|-----|
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| DISTRIBUTION | |
| SANTA FE | |
| FILE | |
| U.S.G.S. | |
| LAND OFFICE | |
| TRANSPORTER | OIL |
| | GAS |
| OPERATOR | |
| PRODUCTION OFFICE | |

Operator

Amoco Production Company

Address

501 Airport Dr., Farmington, NM 87401

Reason(s) for filing (Check proper box)

New Well

☒

Change in Transporter of:

Recompletion

☐

Oil

☐

Dry Gas

☐

Change in Ownership

☐

Casinghead Gas

☐

Condensate

☐

Other (Please explain)

If change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

| | | | | |
|--|-----------------|--|--|------------------------|
| Lease Name Gallegos Canyon Unit | Well No. 95E | Pool Name, Including Formation Basin Dakota | Kind of Lease State, Federal or Fee Federal | Lease No. SF-080844 |
| Location Unit Letter <u>P</u> ; <u>1020</u> Feet From The <u>South</u> Line and <u>1080</u> Feet From The <u>East</u> Line of Section <u>31</u> Township <u>28N</u> Range <u>11W</u> , NMPM, San Juan County | | | | |

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| | | | | |
|---|---|------------|-------------|-------------|
| Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Plateau, Inc. | Address (Give address to which approved copy of this form is to be sent) P. O. Box 489, Bloomfield, NM 87413 | | | |
| Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company | Address (Give address to which approved copy of this form is to be sent) P. O. Box 990, Farmington, NM 87401 | | | |
| If well produces oil or liquids, give location of tanks. | Unit P | Sec. 31 | 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:

COMPLETION DATA

| | | | | | | | | |
|--|--|----------|--------------------------|----------|----------------------------|-----------|-------------|--------------|
| Designate Type of Completion - (X) | Oil Well | Gas Well | New Well | Workover | Deepen | Plug Back | Same Res'v. | Diff. Res'v. |
| | | X | X | | | | | |
| Date Spudded 11-22-82 | Date Compl. Ready to Prod. 12-22-82 | | Total Depth 6549' | | P.B.T.D. 6504' | | | |
| Elevations (DF, RKB, RT, GR, etc.) 6023' GL | Name of Producing Formation Dakota | | Top Oil/Gas Pay 6326' | | Tubing Depth 6468' | | | |
| Perforations 6466-6448', 6430-6401', 6336-6326', w/2 jspf, a total of 114 .375" holes | | | | | Depth Casing Shoe 6549' | | | |

TUBING, CASING, AND CEMENTING RECORD

| HOLE SIZE | CASING & TUBING SIZE | DEPTH SET | SACKS CEMENT |
|-----------|----------------------|-----------|--------------|
| 12-1/4" | 9-5/8" | 324' | 300 sx |
| 7-7/8" | 4-1/2" | 6549' | 1700 sx |
| | 2-3/8" | 6468' | |

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 | Choke Size |
| Actual Prod. During Test | Oil - Bbls. | Water - Bbls. | Gas - MCF |

GAS WELL

| | | | |
|---|-----------------------------------|-----------------------------------|-----------------------|
| Actual Prod. Test - MCF/D 1251 | Length of Test 3 hrs. | Bbls. Condensate/MMCF | Gravity of Condensate |
| Testing Method (pilot, back pr.) Back Pressure | Tubing Pressure (Shut-in) 1225 | Casing Pressure (Shut-in) 1250 | Choke Size 48/64 |

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
above is true and complete to the best of my knowledge and belief.Original Signed By
B.T. Roberson

(Signature)

Admin. Supvr.

(Title)

3-7-83

(Date)

OIL CONSERVATION DIVISION

APPROVED

MAR 10 1983

BY Original Signed by FRANK T. CHAVEZTITLE SUPERVISOR DISTRICT # 5

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 allow-
able 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