Form C-104 Revised 10-1-78

CHOY MID MIDERALS OF PAREMENT OIL CONSERVATION DIVISION

PD No CEPTED PETRICAL		V 2000	
SANTA FE) X 2088 M TAE Y 100 87501	
FILE	SANTA FE, NEV	W MEXICO 87501	,
U.S.G.S.			
CANO OFFICE	REQUEST FOR ALLOWABLE		
THEHSPORTER	AND		
PROBATION OFFICE	AUTHORIZATION TO TRANS	PORT OIL AND NATURAL GAS	
Operator			
Amoco Production Comp	any		
Address	•		
501 Airport Drive, Fa			
Feason(s) for filing (Check proper bo.		Other (Please explain)	
New Well	Change in Transporter of:		
Recompletion	OII Dry Go	汽	
Change in Ownership	Casinghead Gas Conder	nable	
If change of ownership give name			
and uddress of previous owner			
viceopynerion of the fill AND	IFACE		
DESCRIPTION OF WELL AND Leane Name	Well No. Pool Name, Including F	ormation Kind of Leas	teane No.
Gallegos Canyon Unit	Com 94E Basin Da	state, Federa	
Location	3.2		1
Unit Letter A ; 9	00 Feet From The North Lin	ne and 790 Feet From	The East
OM Date:			
Line of Section 23 To	waship 29N Range 1	13W , NMPM, San	Juan County
			-
	TER OF OIL AND NATURAL GA		
Nome of Authorized Transporter of CI	or Condensate 🔀	Address (Give address to which appro	wed copy of this form is to be sent)
Graves Oil Company		P.O. Box 2077, Farmington, NM 87401	
Name of Authorized Transporter of Casinghead Gas or Dry Gas X		Address (Give address to which approved copy of this form is to be sent)	
Amoco Gas Company		501 Airport Drive, Farmington, NM 87401	
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? When	
give location of tanks.	<u>i A i 23 i 29N i 13W</u>	No.	
	ith that from any other lease or pool,	give commingling order number:	
COMPLETION DATA	Oll Well Gas Well	New Well Workover Deepen	Plug Back 'Same Res'v. Diff. Res'v.
Designate Type of Completi	on - (X)	1 1	1 1 1
Date Spuddød	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
•	4-11-81	5973'	5930
4-9-80 Elevations (DF, RKE, RT, GR, etc.)	Name of Producing Formation	Top Ctl/Gas Pay	Tubing Depth
5325' GL	Basin Dakota	5752'	5866'
Perforations			Depth Casing Shoo
5752-5756, 5762-5774,	and 5826-5866		5973
	TUBING, CASING, AND	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
12 1/4"	8 5/8" 24#	298'	350 sx
7_7/8"	4 1/2" 11.6#	5973'	1500 sx
	2 3/8"	58661	
		<u>i</u>	<u> </u>
TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be of	fter recovery of total volume of load oil	and must be equal to or exceed top allow-
OIL WELL Date First New Oil Run To Tanks	Date of Test	pth or be for full 24 hours) Producing Method (Flow, pump, gas li	ft. etc.)
Date First New Off Man 10 Talks	Date of Tool	14.	•
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Equity of Your			
Actual Prod. During Test	Oil-Bbla.	Water-Bbl.	Gas-MCF
	1 MAY 19 C	1001	
	- With the state of the state o		
GAS WELL		-08 %. /	
Actual Frod. Test-MCF/D	Length of Test	Bille. Condensate/MMCF	Gravity of Condensute
1274	74.	- AMERICAN STATE OF THE STATE O	
1274 Tenting Method (pital, back pr.)	3 Hrs. Tubing Pressure (shut-1a)	Cosing Pressure (Shut-in)	Choke Size
Back Pressure	1100 psig	1344 psig	75"
CERTIFICATE OF COMPLIAN	-	OIL CONSERVAT	
		1111	V 5 - 1981
hereby certify that the rules and	regulations of the Oil Conservation	// / / / / / / / / / / / / / / / / / /	
Division have been complied with and that the information given bove is true and complete to the beat of my knowledge and bellef.		Original Signed by FR	ANK T. CHAVET
		SUPERVISOR DISTRICT # 3	
் பாதாவ் Signed E		TITLE	
E. E. SVOBODA		This form is to be filed in compliance with RULE 1104.	

(Signature) .

____District Administrative Supervisor ____

If this is a request for allowable for a newly drilled or despends 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 allowands on new and completed wells.

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