STATE OF NEW MEXICO Form C-104 Revised 10-1-78 ENERGY AND MINERALS DEPARTMENT OIL CONSERVATION DIVISION ----P. O. BOX 2088 DITTRIBUTION SAHIATE SANTA FE NEW MEXICO 87501 U.F.G.\$. LAHO OFFICE REQUEST FOR ALLOWABLE TRANSPORTER AND GAS AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS OPERATOR PROBATION OFFICE Operator Amoco Production Company 501 Airport Drive, Farmington, NM
Reoson(s) for liling (Chreck proper box) Other (Please explain) \mathbf{x} Change in Transporter of: New Wall Cil Dry Gas Recompletion Condensate Change in Ownership Casinahead Gas If change of ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, Including Formation Kind of Lease Lecse No. Leuse Name State, Federal or Fee SF-078109 **Federal** Gallegos Canvon Unit 151E Basin Dakota Feet From The North Line and 910 Feet From The West 850 , NMPM, County Township 29N Range 12W San Juan Line of Section III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS hadress (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of Oil Box 2077, Farmington, NM 87401 Graves Oil Company Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Castinghead Gas or Dry Gas X P.O. Box 990, Farmington, NM 87401 Is gas octually connected? When El Paso Natural Gas Company Rge If well produces oil or liquids, give location of tanks. 29N 12W No D If this production is commingled with that from any other lease or pool, give commingling order number: V. COMPLETION DATA Workover Plug Back | Same Res'v. Diff. Res'v. Deepen Oil Well Gas Well New Well Designate Type of Completion - (X) X Total Depth P.B.T.D. Date Compl. Ready to Prod. Date Spudded 6219' 12-1-80 6260**'** 9-2-80 Tubing Depth Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation 6044 55751 Dakota 5582' GL Depth Casing Shoe Perforations 6260**'** 6044-6060, 6120-6154 TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT DEPTH SET CASING & TUBING SIZE HOLE SIZE 8 5/8" 301 315 sx 12 1/4" 4 1/2" 6260' 1450 sx7 7/8" 55751 6154 2 3/8" (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) V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test Casing Pressure Choke Size Tubing Pressure Langth of Test Water - Bbla, Gas-MCF Oll-Bbla. Actual Pred. During Test GAS WELL Gravity of Condens Bbls. Condensate/MMCF Actual Prod. Tost-MCF/D Length of Test 190 3 Hrs. Cosing Pressure (Shut-in) Testing Method (pitot, back pr.) Tubing Pressure (Shut-is) .75" 962 PSIG 962 PSIG Back Pressure OIL CONSERVATION OF VISION AL CERTIFICATE OF COMPLIANCE I hereby certify that the rules and regulations of the Oil Conservation Original Signed by FRANK T. CHAYEZ Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. SUPERVISOR DISTRICT # 3 TITLE _

Original Signed By
E. E. SVOBODA
(Signature)

District Administrative Supervisor (Tide)

January 15, 1981

This form is to be filed in compliance with MULE 1104.

If this is a request for allowable for a newly drilled or deepened well, this force must be accompanied by a tabulation of the deviation toxis taken on the well in accordance with MULK 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.