	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. (Signature) District Administrative Supervisor (Title) 1/22/79 (Date)		APPROVED BY Original Signed by A. R. Kendrick SUPERVISOR DIDE: For 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.		
٧ ١.					
v	Testing Method (pirot, back pr.) CERTIFICATE OF COMPLIAN	Tubing Pressure (Shut-in)	OIL CONSERVAT	TION COMMISSION	
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF Cosing Pressure (Shut-in)	Choke Size	
	GAS WELL		Bbis. Condensate/MMCF	Gravity of Condensate	
	Actual Frod. During Test	Oil - 9ble.	1144 - 1144	1	
	Length of Test	Tubing Pressure	Carrid Linearia	Choke Size	
	OIL WELL Date First New Cil Run To Tanks	Date of Tent	Producing Method (Flow, pump, gas lift,	etc.)	
v.	TEST DATA AND REQUEST F		feer recovery of socal volume of load oil an p:h or be for full 24 hours)	d must be equal to or exceed top allow-	
	7-7/8"	3-1/4	8000		
	12-1/4"	8-5/8" 5-1/2"	322' 8000'	210 sx 1476 sx	
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
	7582-88, 7596-7606, 7642-47, 7760-80. TUBING, CASING, AND CEMENTING RECORD				
	7015' KB Gallup Dakota - Perforations 6706-14, 6736-48, 6768-30, 6794-6802, 688		6706' 880-85, 6892-6905,	7778 Depth Casing Shoe	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth	
	Date Spudded 11/10/78	Date Compl. Ready to Prod.	Total Depth 8000	786 9 1	
	Designate Type of Completic	on – (X)	X	1 1	
JV.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Resty. Diff. R				
	If well produces oil or liquids, give location of tanks.		No		
	Linit Sec. Twp. Pae.		!s gas actually connected? When		
	Plateau, Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas		P.O. Box 108 Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent)		
111.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA	Address (Give address to which approve	d copy of this form is to be sent)	
	Zinc or ostate.	vnship 25 N Range	4W , NMPM, Rio Arr	iha County	
	Unit Letter L '; 18	850 Feet From The South Lin	e and 790 Feet From Th	• West	
	Jicarilla Apache Tribal 124 1 Lindrith Gallup Dakota West State, Federal or Fee Jicarilla Contract Location #124				
11.	DESCRIPTION OF WELL AND Lease Name	Cont. Fed. and an Eng. 71 111 10			
	If change of ownership give name and address of previous owner	-			
	Change In Ownership Casinghead Gas Condensate to elean-up Well:				
	Reason(s) for filing (Check proper box) New We!! Change in Transporter of: Recompletion Other (Please explain) dels testing collection to sell oil from test tank recovered while swabbing to				
	501 Airport Drive Farmington, NM 87401 Reason(s) for filing (Check proper box) Other (Please explain) 1111, frateing establice				
	AMOCO PRODUCTION COM	PANY			
1.	PROPATION OFFICE	1			
	GPERATOR API 30-039-21911				
	LAND OFFICE			W. W.	
	1 II.E U.S.G.S.		AND HISPORT OIL AND NATURAL GA	Effective 1-1-65	
	DISTRIBUTION SANTA FE	}	ONSERVATION COMMISSION FOR ALLOWABLE	Poim C-104 Supersedes Old C-104 and C-11	
	NO DE COPILS RECEIVED 4	·			