	NO OF COPIES RECEIVED	·			/	
	DISTRIBUTION  SANTA FC  FILE	CONSERVATION COM T FOR ALLOWABLE AND	Form C-104 Supersedes Old Effective 1-1-69	Poim C-104 Supersedes Old C-104 and C- Effective 1-1-65		
	LAND OFFICE  IRANSPORTER OIL GAS	RANSPORT OIL AND	NATURAL	GAS		
	OPEIGNOR  PROPATION OFFICE  Operator			30-039-2	1992	
	AMOCO PRODUCTION COM	PANY				
	501 Airport Drive F Reason(s) for filing (Check proper be New We!!  Recompletion  Change in Ownership	Change in Transporter of:  Cil Dry	Gas Other (Pleas	e explainj	•	
	If change of ownership give name and address of previous owner					
1.	I. DESCRIPTION OF WELL AND					
	Jicarilla Apache Triba	Well No. Pool Name, Including  1 35 1 Basin Dakota		Kind of Leas State, Feder	gl or Fee	Lease No.
	Location	1450 Feet From The South L			Tribal N	Jicarilla No. 35
	Line of Section 1 To	ownship 24N Range	5W , NMPN	. Rio	Arriba	County
III		TER OF OIL AND NATURAL G				
	Name of Authorized Transporter of Oil or Condensate XX Address (Give address to which approved copy of this form is to be sen Plateau, Inc.  P.O. Box 108 Farmington, NM 87401					
	Name of Authorized Transporter of Casinghead Gas or Dry Gas Address (Give address to which approved copy of					be sent)
	If well produces oil or liquids, Unit Sec. Twp. P.ge. Is gas actually connected? When					
	If this production is commingled with that from any other lease or pool, give commingling order number:					
IV	COMPLETION DATA  Cit Well   Gas Well   New Well   Workover   Deepen   Plug Back   Same Res'v.   Diff. Res'v					
	Designate Type of Completi	on - (X)	X	Deepen	Plug Back   Same Hesiv.	Dill. Hes'v.
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	- <del> </del>
	3/3/79 Elevations (DF, RKB, RT, GR, etc.)	3/19/79 Name of Producing Formation	7321 Top O!I/Gas Pay	· · · · · · · · · · · · · · · · · · ·	7276 Tubing Depth	
	6753' GL, 6766' KB	1	7117'		7175	
	Perforations				Depth Casing Shoe	-
	7111-7117', 7146-7174'	D CEMENTING RECOR	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CEMEN	νт
	12-1/4"	8-5/8"	414'	<del></del>	325 sx	
	7-7/8"	4-1/2"	7321 '		1995 sx	
v.	TEST DATA AND REQUEST FOR WELL	OR ALLOWABLE (Test must be a able for this de	ifter recovery of total voluments or be for full 24 hours.		and must be equal to or exce	sed top allow-
	Date First New Cil Hun To Tanks	Date of Test	Producing Method (Flow	pump, gas lif	, gas lift, etc.)	
	Length of Test	Tubing Pressure	Casing Pressure	ising Pressure		
	Actual Prod. During Test	Oil-Bhie.	Water - Bbls.	<del></del>	Gas-MCF	
	GAS WELL					
	Actual Frod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		Gravity of Gondensete	-
	334 Testing Method (pitot, back pr.) Rock, Programme	3 hours Tubing Pressure (Shut-in)	Casing Pressure (Shut-	in)	Choke Size	
ا ۲ <b>۱</b> .	Back Pressure 1330 CERTIFICATE OF COMPLIANCE		01L CONSERVATION COMMISSION			
	I hereby certify that the rules and regulations of the Oil Conservation  Commission have been complied with and that the information given		APPROVED MAY 1 5 1079			
	Commission have been complied wabove is true and complete to the	By Original Sig			<u> </u>	
			TITLE SUBSELVACE, COSTECUT # 3			

anda Parasista Parasista If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. (Signature) Administrative (Tule) All sections of this form must be filled out completely for allowable on new and recompleted wells. 5/8/79 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. (Date) Separate Forms C-104 must be filed for each pool in multiply

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