	NO OF COPIES RECEIVED			5			
-	DISTRIBUTION						
1	SANTA FE						
-	FILE			L			
Ì	U.S.G.S.						
1	LAND OFFICE						
And the second s	TRANSPORTER	OIL	1				
		GAS	1				
	OPERATOR						
	PRORATION OFFICE						
•	Operator						
	AMOCO PRODUCTI						
	Address						
		501 A	irpo	ort	Dr		
	Reason(s) for filing (Check proper box)						
	New Well						
	Recompletion						
	l	!!					

	DISTRIBUTION SANTA FE	_	ONSERVATION COMMISSION FOR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65			
men and date, project, angered to a complete men on a	U.S.G.S. LAND OFFICE TRANSPORTER GAS / OPERATOR /	AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL G	AS			
ā.	Operator			CONTRACTOR OF THE PARTY OF THE			
	AMOCO PRODUCTION COMPANY						
	501 Airport Drive, Farmington, New Mexico 87401						
	Reason(s) for filing (Check proper box,	Change in Transporter of:	Other (Please explain)	20M.			
	Recompletion	Oil Dry Gas	x	ON. COM.			
	Change in Ownership	Casinghead Cas Conden	sate	OIST. 3			
If change of ownership give name and address of previous owner							
	DESCRIPTION OF WELL AND						
25.	Lease Name Well No. Pool Name, Including Formati Jicarilla Contract 155 13 Basin Dakota Location		State, Federal or Fee Jic. Contract 155				
	Unit Letter I : 16	20 Feet From The South Line	e and 890 Feet From "	The East			
	Line of Section 30 Tow	waship 26N Range	SW , NMPM, Rio	Arriba County			
			c				
III.	Name of Authorized Transporter of Oil	or Condensate T	Address (Give address to which appro-				
	Plateau, Inc. Name of Authorized Transporter of Cas	singhead Gas or Dry Gas 🛣	P. O. Box 108, Farming Address (Give address to which appro	ton, New Mexico 87401 ved copy of this form is to be sent)			
	Northwest Pipeline Cor	poration		mington, New Mexico 87401			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. 1 30 26N 5W	Is gas actually connected? Wh	10-6-61			
IV.	If this production is commingled with COMPLETION DATA	th that from any other lease or pool,		Plug Back Same Resty, Diff. Resty.			
	Designate Type of Completic		. Mem mett morkovet Deebayt	, and place to the second			
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	Perforations			Depth Casing Shoe			
	TUBING, CASING, AND CEMENTING RECORD						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
3 7	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load oil	and must be equal to or exceed top allow-			
₩.	OIL WELL able for this depth or be for full 24 hours)						
	Date First New Oil Run To Tanks	Date of Test					
	Length of Test	Tubing Pressure	Cosing Pressure	Choke Size			
	Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gas-MCF			
	GAS WELL						
	Actual Fred. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitet, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
VI.	CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION				
	a to the bound and and the	regulations of the Oil Conservation with and that the information given	Original Signed by A. R. Kendrick				
	above is true and complete to th	e best of my knowledge and belief.	THE THIRTHER DICH NO 3				
			TITLE PETROLEUM ENGINEER. DIST. 307. 37 This form is to be filed in compliance with RULE 1104.				
	Original Signed by G. L. HAMILTON		The second for allo	meble for a newly drilled or deepened			
	, -	nature)	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.				
		itive Supervisor					
	December 28		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.				
	(D	late)					

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