HO, OF COTIES ACC		6	
DISTALLOUTIO) iv	<u>L</u>	ļ
SANTA FE	1	Ĭ	
FILE	1		
J.S.G.S.			
LAND OFFICE	Ī		
INANSPORTER	OIL	3	
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ROTARAGO	i		
PROBATION OFF	1		
Operator			
AMOCO	PROI	ՄԸΊ	CION
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:	SANTA FE /					ONSERVATION COMMISSION FOR ALLOWABLE	Form C-104 Supersedes Old C-104 and C-110		
:	FILE		1	7	//Caocor	AND	Effective 1-1-65		
) }	J.S.G.S.				AUTHORIZATION TO TRA	INSPORT OIL AND NATURAL	GAS		
:	LAND OFFICE		7	_					
	TRANSPORTER	GAS	3						
ł,	OPERATOR		,						
1.	PROBATION OFF	FICE	7		<u></u>				
	Operator AMOCO	PROD	UCTI	ON C	OMPANY				
	Adutess								
3	501 Airport Drive, Farmington, New Mexico 87401 Other (Please explain) The Common Displication of th								
	Change in Transporter of: Four Corners Pipeline Co. will run appr								
	firecompletton		Oil XX Dry Go	13	ing, Inc. will run appr				
i	Change in Ownership	p			Casinghead Gas Conder	spot sales basis	, will purchase surplus o		
	If change of owners					•			
	und address of prev	vious ow	ner		***************************************				
14.	DESCRIPTION O	F WEL	L AR	ID LE	ASE Well No. Pool Name, Including F	ormation Kind of Leas	se Federal Lease No.		
	Navajo Tribal "U"				7 Tocito Dome	State Feder	ral or Fee 14-20-603-5034		
	Lecation								
	Unit Letter <u>J</u>	<u> </u>	. :	1980	Feet From The South Lir	ne and 1980 Feet From	The <u>East</u>		
	Line of Section	21		Towns	hip 26N Range	18W , NMPM, San	Juan County		
Anl.	Figure of Authorized Transporter of Oil XX or Condensate Address (Give address to which approved copy of this form is to be sent)								
	Four Corners	Four Corners Pipeline Com			npany	Box 1588, Farmington, Box 256, Farmington, Address (Lite address to which appro-			
	Giant Refin		rter Di	Casing	rhead Gas or Dry Gas				
	Plateau, Inc	2. 				Box 108, Farmington, N			
	If well produces cil		s,	ุ่บ	nit Sec. Twp. Rge.		Then		
	give location of tank				A 20 26N 18W	Yes	6-22-65		
	If this production is COMPLETION D		ngied	with t	that from any other lease or pool,		CTB-123		
The second of the second of	Designate Ty		lomal	etion	- (X) Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Date Spudded	P			ate Compl. Ready to Prod.	Total Depth	P.B.T.D.		
				!	· · · · · · · · · · · · · · · · · · ·				
	Elevations (DF , RK	B, RT , G	R, etc	., N	ame of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations						Depth Casing Shoe		
						D CEMENTING RECORD DEPTH SET	SACKS CEMENT		
	HOLE	SIZE			CASING & TUBING SIZE	DEFIRSE	SKOKS CEMENT		
					A D. W. C. Lell A N. W. (P ^{al}		i and an all and an all and an all and		
٧.	TEST DATA AND REQUEST FOR ALLOWABLE (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)								
	Date First New Oil	Run To	Tanks	Е	ate of Test	Producing Method (Flow, public, Tas	(iii) sec.)		
				<u> </u>	ubing Pressure	Casing Pressure	Cnoke Nize		
:	Langth of Test			1	aprily Pressure	1 8 1 0	, i		
	Actual Prod. During	Test		C	ii - Bbls.	Water-Bble.	Jan-MC		
	 					1 1/000	-631-/		
	CLAS MICH.					OIL CON	6 3. A		
	GAS WELL Actual Prod. Test-	MCF/D		L	ength of Test	Bbis. Condensate/MMCF	activatity of Condensate		
						403-443	Choke Size		
	Testing Method (pit	tot, back	pr.j	Т	ubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choka Siza		
£.''	CERTIFICATE (<u></u>	MDY E	ANCE		OIL CONSERV	ATION COMMISSION		
٧	CERTIFICATE	;	,14 1.11	ANOL	•		NOV 27 1874		
	I hereby certify th	at the r	ules	nd reg	ulations of the Oil Conservation	APPROVED, 15			
	Commission have been compiled with and that the information given above is true and complete to the best of my knowledge and belief.					goriginal Signed by and the Supervisor DISE, #3			
	<i>'</i>					TITLE	GREWATPOW TIPE: See		
							n compliance with AULE 1104.		
(Signature) Area Administrative Supervisor					272	This form is to be filed in compliance with RULZ 1104. If this is a request for silowable for a navity critical or despended well, this form must be accompanied by a tabelation of the deviation tests taken on the well in accordance with RULL 111. All sections of this form must be filled out completely for allow-			
					re)				
			_	(Title,)	able on new and recompleted t	wells. 17. HI. and Vi for changes of owner.		
	November 25, 1974					well name or number, or transpo	orten or other such change of condition		
						+ -			