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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator AMOCO PRODUCTION COMPANY	
Address 501 Airport Drive, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input type="checkbox"/>	Four Corners Pipeline Co. will continue to run as much oil as possible, and Plateau, Inc., will take surplus on spot sales basis.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input checked="" type="checkbox"/> Gas <input type="checkbox"/>	

If change of ownership give name and address of previous owner

Lease Name Navajo Tribal "U"		Well No. Pool Name, including Formation 5 Tocito Dome Penn. "D"	Kind of Lease State Federal or Fee Federal	Lease No. 14-20-603-5034
Location				
Unit Letter P	660	Feet From The South	Line and 660	Feet From The East
Line of Section 16	Township 26N	Range 18W	County San Juan	

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
Four Corners Pipeline Company		Box 1588, Farmington, New Mexico 87401			
Plateau, Inc. (Spot Sales)		Box 108, Farmington, New Mexico 87401			
Name of Authorized Transporter of Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)			
If well produces oil or liquids, give location of tanks.	Oil <input checked="" type="checkbox"/> Gas <input type="checkbox"/>	Sec. 20	Comp. 26N	Age. 18W	Produced? <input checked="" type="checkbox"/> When 5-12-65

If this production is commingled with that from any other lease or pool, give commingling order number

CTB-123

Designate Type of Completion - (X)		Oil Well	Gas Well	Neat Oil	Water	Seeper	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Comp. Ready to Prod.	Time Used					P.B.T.D.		
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Depth of Well					Tubing Depth		
Perforations							Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE		CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

Actual Prod. Test - MCF/D	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION	
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.		APPROVED MAR 20 1974 , 19	
Area Administrative Supervisor		Original Signed by Emery C. Arnold	
(Signature)		BY SUPERVISOR DIST. #3	
(Title)		TITLE	
March 20, 1974		This form is to be filed in compliance with RULE 1104.	
(Date)		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	