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LAND OFFICE		
TRANSPORTER OIL	3	
TRANSPORTER GAS		
OPERATOR	1	
PRORATION OFFICE		

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

I. Operator

AMOCO PRODUCTION COMPANY

Address

501 Airport Drive, Farmington, New Mexico 87401

Reason(s) for filing *(Check proper box)*

New Well ☐
Recompletion ☐
Change in Ownership ☐

Change in Transporter of:
Oil xxx ☐ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐

Other *(Please explain)*
Four Corners Pipeline Co.will run approx. 75%, Giant Refining, Inc. will run approx 25%, and Plateau will purchase surplus on spot sales basis

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Navajo Tribal "U"	5	Tocito Dome Penn. "D"	State, Federal or Fee Federal	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 , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XX or Condensate ☐	Address *(Give address to which approved copy of this form is to be sent)*
Four Corners Pipeline Company	Box 1588, Farmington, New Mexico 87401
Giant Refining, Inc.	Box 256, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address *(Give address to which approved copy of this form is to be sent)*
Plateau, Inc.	Box 108, Farmington, New Mexico 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	20	26N	18W	Yes	5-12-65

If this production is commingled with that from any other lease or pool, give commingling order number: CTB-123

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.

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

V. TEST DATA AND REQUEST FOR ALLOWABLE *(Test must be after recovery of total vo[illegible] must be equal to or exceed top allowable for this depth or be for full 24 h[illegible])*

OIL WELL

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

NOV 27 1974 OIL CON. COM. DIST. 3

GAS WELL

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

VI. CERTIFICATE OF COMPLIANCE

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)

Area Administrative Supervisor
(Title)

November 25, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 27 1974, 19

BY Original Signed [illegible] Arnold

TITLE SUPERVISOR [illegible]

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.