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OPERATOR	2
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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

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 X Casinghead Gas
Other (Please explain): **Four Corners Pipeline Co. will continue to run as much oil as possible, and Plateau, Inc., will take 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 "N"	6	Tocito Dome Penn. "D"	State, Federal or Fee Federal	14-20-603-5035

Location
Unit Letter G, 2130 Feet From The North Line and 1980 Feet From The East Line
Line of Section 17, Township 26-N, Range 18-W, NMPM, San Juan County

II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil X 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
Plateau, Inc. (Spot Sales)	Box 108, 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)

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	20	26N	18W	Yes	6-27-65

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 Res'v.	Diff. Res'v.

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 volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

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

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.

G. L. Hamilton
(Signature)

Area Administrative Supervisor
(Title)

March 20, 1974
(Date)

OIL CONSERVATION COMMISSION

MAR 20 1974

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BY Original Signed by Emery C. Arnold

TITLE SUPERVISOR DIST. #3

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, it 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