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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

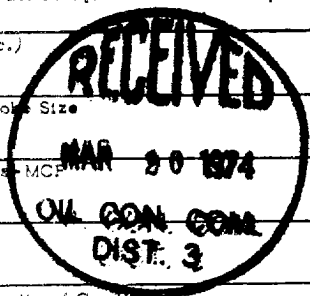
I. Operator
AMOCO PRODUCTION COMPANY
Address
501 Airport Drive, Farmington, New Mexico 87401
Reason(s) for filing (Check proper box)
New Well ☐ Change in Transporter of: ☒ Oil ☐ Gas ☐
Recompletion ☐ Change in Ownership ☐ If change of ownership give name and address of previous owner _____
Four Corners Pipeline Co. will continue to run as much oil as possible and Plateau, Inc., will take surplus on spot sales basis.

II. DESCRIPTION OF WELL AND LEASE
Lease Name **Navajo Tribal "U"** Section **8** Pool Name, including Portion **Tocito Dome Penn. "D"** Kind of Lease **Federal** Lease No. **14-20-603-5034**
Location
Unit Letter **F** **1980** Feet from The **North** Line of **1900** Feet from The **West** Line of Section **16** Township **26N** Range **18W** County **San Juan**

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS
Name of Authorized Transporter of Oil ☒ or Condensate ☐
Four Corners Pipeline Company
Plateau, Inc. (Spot Sales)
Address to which approved copy of this form is to be sent:
Box 1588, Farmington, New Mexico 87401
Box 108, Farmington, New Mexico 87401
Name of Authorized Transporter of Gas ☐ or Dry Gas ☐
If well produces oil or liquids, give location of tanks. **A** **20** **26N** **18W** **Yes** **12-10-65**

IV. COMPLETION DATA
If this production is commingled with that from any other lease or pool, give name of pool and lease number **CTB-123**
Designate Type of Completion - ()
Date Spudded _____ Date Drilled Ready to Prod. _____
Elevations (DE, RKB, RT, LF, etc.) _____ Facing Depth _____
Perforations _____ Depth Casing Shoe _____
TUBING, CASING, AND CEMENT RECORD
HOLE SIZE _____ CASING & TUBING SIZE _____ SACKS CEMENT _____

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL (Test must be after completion of well and must be equal to or exceed top allowable for this depth and type of formation)
Date First New Oil Run To Tanks _____ Date of Test _____
Length of Test _____ Tubing Pressure _____ Choke Size _____
Actual Prod. During Test _____
GAS WELL
Actual Prod. Test - MCF/D _____ Length of Test _____ Gravity of Condensate _____
Testing Method (pilot, back pr.) _____ Tubing 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.
B L Hamilton
(Signature)
Area Administrative Supervisor
(Title)
March 20, 1974
(Date)
OIL CONSERVATION COMMISSION
MAR 20 1974
APPROVED
Original Signed by **Emery C. Arnold**
This form is to be filed in compliance with RULE 1104.
When 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 allowance 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 Form C-104 must be filed for each pool in multiply