

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

DATE	1/1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 3 GAS
OPERATOR	1
PRODUCTION OFFICE	

Operator
AMOCO PRODUCTION COMPANY
501 Airport Drive, Farmington, New Mexico 87401
Change in Transporter of:
Oil ☒ Dry Gas ☐
Casinghead Gas ☐ Condensate ☐
Note: (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. LOCATION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Federal	Lease No.
Navajo Tribal "U"	8	Tocito Dome Penn. "D"	State, Federal or Fee	14-20-603	5034
Location Unit Letter F : 1980 Feet From The North Line and 1900 Feet From The West Line of Section 16 Township 26N Range 18W, NMPL, San Juan County					

III. REGISTRATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Four Corners Pipeline Company Giant Refining, Inc. Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 1588, Farmington, New Mexico 87401 Box 256, Farmington, New Mexico 87401 Box 108, Farmington, New Mexico 87401
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	
If well produces oil or liquids, give location of tanks.	Unit A Sec. 20 Twp. 26N Rge. 18W Is gas actually connected? Yes When 12-10-65

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'tv.	Diff. Res'tv.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	F.B.T.D.					
Elevations (DF, RAB, 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 test 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, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Oil - MCF
GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MM	Oil - MCF
Testing Method (pilot, 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.

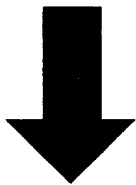
W. L. Hamilton
(Signature)
Area Administrative Supervisor
(Title)
November 25, 1974
(Date)

OIL CONSERVATION COMMISSION
APPROVED NOV 27 1974
Original Signed by the Supervisor
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, 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 or not allowable for production.
Fill out only Sections I, II, III, and VI for changes of owner, well name or number, or transportation or other such change of condition.
Separate Forms C-104 must be filed for each pool in multiply

Job separation sheet



LTR



UNITED STATES
DEPARTMENT OF THE INTERIOR
GEOLOGICAL SURVEY

SUBMIT IN DUPLICATE*

(See other in-
structions on
reverse side)Form approved.
Budget Bureau No. 42-R355.5.

WELL COMPLETION OR RECOMPLETION REPORT AND LOG *

5. LEASE DESIGNATION AND SERIAL NO.

14-20-603-3034

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo Tribal "U"

9. WELL NO.

8

10. FIELD AND POOL, OR WILDCAT

Tocito Dome Penn. "D"

11. SEC., T. R., M., OR BLOCK AND SURVEY
OR AREA

Sec. 16, T26N, R18W

12. COUNTY OR
PARISH

San Juan

13. STATE

New Mexico

1a. TYPE OF WELL: OIL WELL ☒ GAS WELL ☐ DRY ☐ Other _____b. TYPE OF COMPLETION: NEW WELL ☒ WORK OVER ☐ DEEP-EN ☐ PLUG BACK ☐ DIFF. RESVR. ☐ Other _____

2. NAME OF OPERATOR

Pan American Petroleum Corporation

3. ADDRESS OF OPERATOR

Security Life Building, Denver, Colorado 80202

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements)*

At surface 1980' FWL, 1900 FWL Sec. 16 SE NW

At top prod. interval reported below

At total depth

14. PERMIT NO.

DATE ISSUED

15. DATE SPUDDED	16. DATE T.D. REACHED	17. DATE COMPL. (Ready to prod.)	18. ELEVATIONS (DF, RKB, RT, GR, ETC.)*	19. ELEV. CASINGHEAD
11-5-63	11-28-65	12-3-65	5825 MDB, 5815 GR	

20. TOTAL DEPTH, MD & TVD	21. PLUG, BACK T.D., MD & TVD	22. IF MULTIPLE COMPL., HOW MANY*	23. INTERVALS DRILLED BY	ROTARY TOOLS	CABLE TOOLS
6377	6367		→	Surface-6377	

24. PRODUCING INTERVAL(S), OF THIS COMPLETION—TOP, BOTTOM, NAME (MD AND TVD)*

6355-62 Penn. "D"

25. WAS DIRECTIONAL SURVEY MADE

No

26. TYPE ELECTRIC AND OTHER LOGS RUN

L Log, GR Sonic

27. WAS WELL CORED

Yes

28. CASING RECORD (Report all strings set in well)

CASING SIZE	WEIGHT, LB./FT.	DEPTH SET (MD)	HOLE SIZE	CEMENTING RECORD	AMOUNT PULLED
13 3/8"	48#	95	17 1/4"	100 sacks	None
8 5/8"	24#	1520	11	500 sacks	None
5 1/2"	14, 15.5, 17	6377	7 7/8"	800 sacks	None

29. LINER RECORD

SIZE	TOP (MD)	BOTTOM (MD)	SACKS CEMENT*	SCREEN (MD)	SIZE	DEPTH SET (MD)	PACKER SET (MD)
					2 7/8"	6362	

31. PERFORATION RECORD (Interval, size and number)

6355-62 with 4 shots/ft.

32. ACID, SHOT, FRACTURE, CEMENT SQUEEZE, ETC.

DEPTH INTERVAL (MD)	AMOUNT AND KIND OF MATERIAL USED
6355-62	400 gal 15% acid

33.* PRODUCTION

DATE FIRST PRODUCTION		PRODUCTION METHOD (Flowing, gas lift, pumping—size and type of pump)				WELL STATUS (Producing or shut-in)	
12-3-65		Flowing				Producing	
DATE OF TEST	HOURS TESTED	CHOKE SIZE	PROD'N. FOR TEST PERIOD	OIL—BBL.	GAS—MCF.	WATER—BBL.	GAS-OIL RATIO
12-4-65	24	24/64	→	388	542.8	-0-	1398
FLOW. TUBING PRESS.	CASING PRESSURE	CALCULATED 24-HOUR RATE	OIL—BBL.	GAS—MCF.	WATER—BBL.	OIL GRAVITY-API (CORR.)	
1200	1400	→					

34. DISPOSITION OF GAS (Sold, used for fuel, vented, etc.)

To be sold to El Paso Natural Gas Company

TEST WITNESSED BY

35. LIST OF ATTACHMENTS

36. I hereby certify that the foregoing and attached information is complete and correct as determined from all available records

SIGNED D. I. Tollefson

TITLE Administrative Assistant

DATE Dec. 15, 1965

*(See Instructions and Spaces for Additional Data on Reverse Side)

INSTRUCTIONS

General: This form is designed for submitting a complete and correct well completion report and log on all types of lands and leases to either a Federal agency or a State agency, or both, pursuant to applicable Federal and/or State laws and regulations. Any necessary special instructions concerning the use of this form and the number of copies to be submitted, particularly with regard to local, area, or regional procedures and practices, either are shown below or will be issued by, or may be obtained from, the local Federal and/or State office. See instructions on items 22 and 24, and 33 below regarding separate reports for separate completions.

If not filed prior to the time this summary record is submitted, copies of all currently available logs (drillers, geologists, sample and core analysis, all types electric, etc.), formation and pressure tests, and directional surveys, should be attached hereto to the extent required by applicable Federal and/or State laws and regulations. All attachments should be listed on this form, see item 35.

Item 4: If there are no applicable State requirements, locations on Federal or Indian land should be described in accordance with Federal requirements. Consult local State or Federal office for specific instructions.

Item 18: Indicate which elevation is used as reference (where not otherwise shown) for depth measurements given in other spaces on this form and in any attachments.

Items 22 and 24: If this well is completed for separate production from more than one interval zone (multiple completion), so state in item 22, and in item 24 show the producing interval, or intervals, top(s), bottom(s) and name(s) (if any) for only the interval reported in item 33. Submit a separate report (page) on this form, adequately identified, for each additional interval to be separately produced, showing the additional data pertinent to such interval.

Item 29: "Stacks Cement": Attached supplemental records for this well should show the details of any multiple stage cementing and the location of the cementing tool.

Item 33: Submit a separate completion report on this form for each interval to be separately produced. (See instruction for items 22 and 24 above.)

Navajo Tribal "U" No. 8

37. SUMMARY OF POROUS ZONES: SHOW ALL IMPORTANT ZONES OF POROSITY AND CONTENTS THEREOF; CORED INTERVALS; AND ALL DRILL-STEM TESTS, INCLUDING DEPTH INTERVAL TESTED, CUSHION USED, TIME TOOL OPEN, FLOWING AND SHUT-IN PRESSURES, AND RECOVERIES				38. GEOLOGIC MARKERS	
FORMATION	TOP	BOTTOM	DESCRIPTION, CONTENTS, ETC.	NAME	MEAS. DEPTH TOP
No DST's Run				Log Tops	2106
				Todilto	2130
Core #1 - 6320-6346.			Recovered 25' lime and minor shale with very good porosity in bottom 1 1/2 ft.	Entrada	3472
				Shinarump	3768
Core #2 - 6346-6370.			Recovered 21' including: 5' lime, clean with very good porosity, 7' lime with some porosity, 5' lime - clean with fair porosity, 4' dense lime and shale. Scattered shows throughout both cores.	DeCheley	4372
				Cutler	5524
				Pennsylvania	6010
				Paradox	6332
				Lower Hermosa	6377
				Total Depth	