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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

B-1

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"/>	Change in Transporter of:
Recompletion <input checked="" type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo Tribal "N"	Well No. 9	Pool Name, Including Formation Tocito Dome Penn. "D"	Kind of Lease State, Federal or Fee Federal	Lease No. 14-20-603-5035
Location				
Unit Letter D ; 600 Feet From The North Line and 1200 Feet From The West				
Line of Section 20 Township 26N Range 18W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

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	Box 1588, Farmington, New Mexico 87401	
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)	
Amoco Production Company	501 Airport Drive, Farmington, New Mex. 87401	
If well produces oil or liquids, give location of tanks.	Unit B	Sec. 20
	Twp. 26N	Rge. 18W
	Is gas actually connected? No	
	When	

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

CTB-123

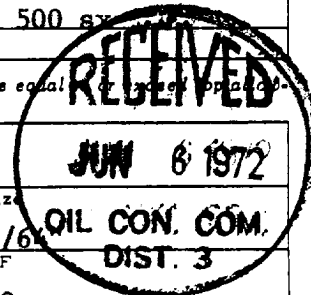
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well <input checked="" type="checkbox"/>	Gas Well	New Well	Workover	Deeper	Plug Back	Same Res'tv.	Diff. Res'tv.
	X				X		X	
Date Spudded 3-13-67	Date Compl. Ready to Prod. 6-2-72		Total Depth 6435'		P.B.T.D. 6400'			
Elevations (DF, RKB, RT, GR, etc.) 5822' Gr.	Name of Producing Formation Penn. "D"		Top Oil/Gas Pay 6312'		Tubing Depth 6380'			
Perforations 6312-6330' x 2 SPF					Depth Casing Shoe 6435'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/4"	13-3/8"		115'		100 sx			
11"	8-5/8"		1500'		500 sx			
7-7/8"	5-1/2"		6435'		500 sx			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of loose oil and must be equal or exceed allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks 6-2-72	Date of Test 6-4-72	Producing Method (Flow, pump, gas lift, etc.) Flow	
Length of Test 24 hr.	Tubing Pressure 80 psig	Casing Pressure 300 psig	Choke Size 40/64
Actual Prod. During Test 140	Oil-Bbls. 140	Water-Bbls. None	Gas-MCF 600



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 Engineer
(Title)
June 5, 1972
(Date)

OIL CONSERVATION COMMISSION

APPROVED **JUN 5 1972**, 19_____
BY **Original Signed by Emery O. Arnold**
SUPERVISOR Q-51 #3
TITLE _____

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.
Separate Forms C-104 must be filed for each pool in multiply completed wells.