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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 ☐
Recompletion ☐	Oil ☒ Dry Gas ☐
Change in Ownership ☐	Gashead Gas ☐ Condensate ☐
If change of ownership give name and address of previous owner	

One (Please explain) **Four Corners Pipeline Co. will continue to run as much oil as possible, and Plateau, Inc., will take surplus on a spot sales basis.**

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo Tribal "N"	Well No. 9	Pool Name, including Farm and 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	1200	Feet from the West
Line of Section 20	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	Name of Authorized Transporter of Gashead Gas ☐ or Dry Gas ☐ 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
If well produces oil or liquids, give location of tanks.		When
A 20 26N 18W		Yes

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

IV. COMPLETION DATA

Designate Type of Completion -- (A)	Oil Well	Gas Well	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Drilled	Ready to Prod.				
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation			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 OIL WELL

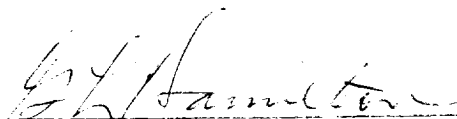
Date First New Oil Run To Tanks	Date of Test	(Test must be after volume of load oil and must be equal to or exceed top allowable for this depth -- be for full 24 hours)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - bbls.	Gas - MCF	

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Day - Test - MCF	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.


Area Administrative Supervisor
March 20, 1974

OIL CONSERVATION COMMISSION

MAR 20 1974

APPROVED	19
SUPERVISOR DIST. 4	

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 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