NO. OF CORIES RECEIVED					
DISTRIBUTION					
SANTA FE					
FILE					
U.S.G.S.					
OIL	3				
GAS					
OPERATOR					
PRORATION OFFICE					
RODUC	CTIC)N C			
port	Dri	ve,			
(Check)	proper	box)			
	OIL GAS	OIL 3 GAS			

	DISTRIBUTION SANTA FE	Ļ			ONSERVATION COMMISSIO FOR ALLOWABLE	DN	Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65		
}	FILE	1	4		AND		Effective 1-1-65		
	U.S.G.S.	-		AUTHORIZATION TO TRA	URAL GA	NS			
}	LAND OFFICE	7							
	TRANSPORTER GAS	13							
	OPERATOR	1							
ī.	PRORATION OFFICE	<u> </u>							
	AMOCO PRODUCTION COMPANY								
	Address								
į	501 Airport Reason(s) for filing (Check			Farmington, New Mexico	87401 Other (Please exp	laini			
[New Well	proper	002)	Change In Transporter of:			line Co. will run approx		
	Recompletion			On x Dry Gas 75%, Giant Refining, Inc. will run appro					
	Change in Ownership Casinghead Gas Condensate 25%, and Plateau will purchase surplus on spot sales basis.								
	If change of ownership givened address of previous of		ne		spor sales	Dasis.			
ïi.	DESCRIPTION OF WELL AND LEASE								
	Lease Name Well No. Pool Name, Including Formation Kind of Lease						Federal Lease No.		
	Navajo Tribal "N" 9 Tocito Dome Penn. "D" State, Federal or Fee 14-20-603-5035								
	Unit Letter D : 600 Feet From The North Line and 1200 Feet From The West								
							Tuon County		
	Line of Section 20		Town	nship 26N Range	L8W , NMPM,	San .	Juan County		
III.	DESIGNATION OF TRA	ANSF	ORT	ER OF OIL AND NATURAL GA	S	high approve	ed conv of this form is to be sent!		
	Name of Authorized Transporter of Oil XX or Condensate Four Corners Pipeline Company			Address (Give address to which approved copy of this form is to be sent) Box 1588, Farmington, New Mexico 87401					
	Giant Refining	J. ter b	Casi	inghead Gas or Dry Gas	Baxe-256iye Farmel notion applied Mexicois (2740b be sent)				
	Plateau, Inc.				Box 108, Farmingt				
	If well produces oil or liqui- give location of tanks.	ds,		Unit Sec. Twp. Pge. A 20 26N 18W	Is gas actually connected? Yes	Wher	1		
	L		ا ۱۰۰۰ ام	n that from any other lease or pool,		mher:	OED 100		
	COMPLETION DATA	nugre	a witt				CTB-123		
	Designate Type of (Comp	letio	$Gas \; Well \; Gas \; Gas \; Well \; Gas \; Gas \; Well \; Gas \; G$	New Well Workover E	Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Date Spudded			Date Compl. Ready to Prod.	Total Depth		P.B.T.D.		
					77. 0.11 (0 7)		Tubing Depth		
	Elevations (DF, RKB, RT,	GR, ei	(c.,	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
	Perforations				d ₁		Depth Casing Shoe		
	1101 E 617E			TUBING, CASING, AND CASING & TUBING SIZE	CEMENTING RECORD		SACKS CEMENT		
	HOLE SIZE			CASING & FUBING SIZE	DEF 111 GET				
	:			 	i				
v	TOURT DAYS AND REC	TIES	T FC	R ALLOWABLE (Test must be a	fter recovery of total volume o	of logal olic	na mil by and to or exceed top allow		
• .	OIL WELL able for this depth or be for full 24 hours)								
	Date Firet New Oil Run To	Tank:	•	Date of Test	Producing Method (Fibm, pa	, <u>, , , , , , , , , , , , , , , , , , </u>	Assessment A Profession /		
	Length of Test			Tubing Pressure	Casing Pressure	VUV	English J		
	Actual Prod. During Test			Oil - Bbls.	Water-Bbis.	CIL C	UNITEDM.		
	Actual Float Dailing 1921					Di	3T. 3		
	GAS WELL Actual Prod. Test-MCF/D			Length of Test	Bbis. Condensate/MMCF		Gravity of Condensate		
	Testing Method (pitot, back	k pr.)		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	CERTIFICATE OF COMPLIANCE			011 001	NSFR\/A	TION COMMISSION			
VI.	CERTIFICATE OF CO	Mil	IANC	, <u>K.</u>			NOV 29 TO THE		
	hereby certify that the rules and regulations of the Oil Conservation			APPROVED		19			
	Paramination boss been c	commission have been compiled with and that the information given bove is true and complete to the best of my knowledge and belief.			By Original Sign	By Original Signed			
	^				TITLESUPERVISOR DIRECTOR				
	44		• ,1		11		ompliance with RULE 1104.		
	424/1		(1				able for a newly drilled or deepener		

Area Administrative Supervisor

(Signature)

November 25, 1974

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.