

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION  
P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Amoco Production Company

Address  
501 Airport Drive Farmington, NM 87401

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> casinghead Gas	<input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner \_\_\_\_\_

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OIL CON. DIV.  
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Navajo Tribal "U"</u>	Well No. <u>9</u>	Pool Name, including Formation <u>Tocito Dome Penn D</u>	Kind of Lease State, Federal or Fee <u>NAVAJO</u>	Lease No. <u>21005034</u>
Location Unit Letter <u>M</u> : <u>660</u> Feet From The <u>West</u> Line and <u>660</u> Feet From The <u>South</u>	Line of Section <u>22</u>	Township <u>26 N</u>	Range <u>18 W</u>	County <u>San Juan</u>

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> <u>Permian Corp.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1702 Farmington, NM 87499</u>
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>Amoco Production Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>501 Airport Drive Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks. Unit: <u>A</u> Sec. <u>20</u> Twp. <u>26 N</u> Rge. <u>18 W</u>	Is gas actually connected? _____ When _____

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

B. D. Shaw  
(Signature)  
Admin. Supervisor  
(Title)  
1-2-85  
(Date)

OIL CONSERVATION DIVISION  
APPROVED Frank J. Shaw FEB 28 1985  
BY \_\_\_\_\_  
TITLE \_\_\_\_\_ SUPERVISOR DISTRICT # 3

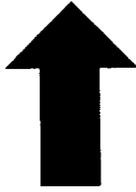
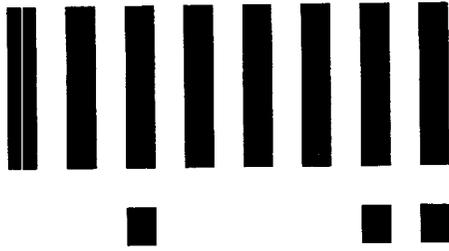
This form is to be filed in compliance with RULE 1104.

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 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.



**LTR**



**Job separation sheet**

UNITED STATES  
DEPARTMENT OF THE INTERIOR  
BUREAU OF LAND MANAGEMENT

SUBMIT IN TRIPLICATE\*  
(Other instructions on reverse side)

Budget Bureau No. 1004-0135  
Expires August 31, 1985

SUNDRY NOTICES AND REPORTS ON WELLS

(Do not use this form for proposals to drill or to deepen or plug back to a different reservoir. Use "APPLICATION FOR PERMIT" for such proposals.)

5. LEASE DESIGNATION AND SERIAL NO.  
14-20-603-5034

6. IF INDIAN, ALLOTTEE OR TRIBE NAME

Navajo Tribal

7. UNIT AGREEMENT NAME

8. FARM OR LEASE NAME

Navajo Tribal U

9. WELL NO.

9

10. FIELD AND POOL, OR WILDCAT

Tocito Dome Penn D

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

SW/SW Sec.22, T26N,R18W

12. COUNTY OR PARISH  
San Juan

13. STATE  
NM

1. OIL WELL  GAS WELL  OTHER

2. NAME OF OPERATOR

Amoco Production Co.

3. ADDRESS OF OPERATOR

501 Airport Drive, Farmington, N M 87401

4. LOCATION OF WELL (Report location clearly and in accordance with any State requirements. See also space 17 below.)  
At surface

660' FWL X 660' FSL

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14. PERMIT NO.

15. ELEVATIONS (Show whether OF, RT, CR, etc.)

5639' GR

BUREAU OF LAND MANAGEMENT  
FARMINGTON RESOURCE AREA

16. Check Appropriate Box To Indicate Nature of Notice, Report, or Other Data

NOTICE OF INTENTION TO:

TEST WATER SHUT-OFF   
FRACTURE TREAT   
SHOOT OR ACIDIZE   
REPAIR WELL   
(Other)

PULL OR ALTER CASING   
MULTIPLE COMPLETE   
ABANDON\*   
CHANGE PLANS

WATER SHUT-OFF   
FRACTURE TREATMENT   
SHOOTING OR ACIDIZING   
(Other)

SUBSEQUENT REPORT OF:

REPAIRING WELL   
ALTERING CASING   
ABANDONMENT\*

(Note: Report results of multiple completion on Well Completion or Recompletion Report and Log form.)

17. DESCRIBE PROPOSED OR COMPLETED OPERATIONS (Clearly state all pertinent details, and give pertinent dates, including estimated date of starting any proposed work. If well is directionally drilled, give subsurface locations and measured and true vertical depths for all markers and zones pertinent to this work.)\*

Moved in and rigged up service unit on 7-22-85. Set packer at 6128'. Squeezed perms 6182'-6188' with 30 cu.ft. Class B cement. Released packer. Pumped interval 6164'-6196' with 1500 gal acid. Landed 2-7/8" tubing at 6179' and landed a 2-1/2" x 2" x 26' pump and rods. Released the rig on 8-5-85.

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SEP 17 1985  
BLM DIV.  
LST. 9

I hereby certify that the foregoing is true and correct

SIGNED

BLS Shaw

TITLE Adm. Supervisor

ACCEPTED FOR RECORD

(This space for Federal or State office use)

APPROVED BY

TITLE

DATE SEP 20 1985

CONDITIONS OF APPROVAL, IF ANY:

FARMINGTON RESOURCE AREA

BY

NMOCC  
\*See Instructions on Reverse Side