6

DISTRIBUTION		
SANTA FE	1	
FILE	1	✓
U.S.G.S.		
LAND OFFICE		
TRANSPORTER OIL	3	
TRANSPORTER GAS		
OPERATOR	1	
PRORATION OFFICE		

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
- Recompletion
- Change in Ownership

~~Change~~ and in Transporter of:
- Oil: xxx
- Dry Gas
- Casinghead Gas
- Condensate

Other (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. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease (State, Federal or Fee)	Lease No.
Navajo Tribal "U"	12	Tocito Dome Penn. "D"	Federal	14-20-603-5034

Location: Unit Letter F ; 2050 Feet From The North Line and 2050 Feet From The West

Line of Section 21 Township 26N Range 18W , NMPM, San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil XX or Condensate
Four Corners Pipeline Company
Giant Refining, 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

Name of Authorized Transporter of Casinghead Gas or Dry Gas
Plateau, Inc.

Address (Give address to which approved copy of this form is to be sent)
Box 108, Farmington, New Mexico 87401

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	A	20	26N	18W	Yes	12-9-64

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'v.	Diff. Res'v.

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Elevations (DF, RKB, 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 load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

OIL WELL

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure / Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls. / Gas-MCF

NOV 27 1974
OIL CON. COM.
DIST. 3

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.

B. H. Hamilton
(Signature)

Area Administrative Supervisor
(Title)

November 25, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 27 1974

BY Original Signed by Emery C. Arnold

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 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