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TRANSPORTER	OIL 2 GAS	
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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator		AMOCO PRODUCTION COMPANY	
Address		501 Airport Drive, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)		Four Corners Pipeline Co. will continue to run as much oil as possible and Plateau, Inc., will take surplus on spot sales basis.	
New Well	<input type="checkbox"/>	Change in Transporter	<input type="checkbox"/>
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Gas	<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 Name	11 Tocito Dome Penn. "D"	Lease No.	Federal 14-20-603-5035
Location	Unit Letter D	560	Section North	1150	West
Line of Section	17	Township	26N	Range	18W
					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"/>	Four Corners Pipeline Company	Box 1588, Farmington, New Mexico 87401
Name of Authorized Transporter of Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Plateau, Inc. (Spot Sales)	Box 108, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	A 20 26N 18W	Yes 2-5-70

If this production is commingled with that from any other lease, give name of lease and acreage.

CTB-123

IV. COMPLETION DATA

Designate Type of Completion -- ()	Oil Well	Gas Well	Water Well	Flow Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Ready to Prod.	P.B.T.D.				
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation					Drilling Depth
Perforations						Depth Casing Shoe
TUBING, CASING, AND CEMENT SCHEDULE						
HOLE SIZE	CASING & TUBING SIZE	CEMENT SET		SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be of sufficient duration to determine flow rate and must be equal to or exceed top allowable or best flow rate for the well, etc.)

Date First New Oil Run To Tanks	Date of Test	Flow Rate	Choke Size
Length of Test	Tubing Pressure	Flow Rate	Choke Size
Actual Prod. During Test	Oil - bbls.	Flow Rate	Choke Size

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Flow Rate (MCF/D)	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Flow Rate (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.

G. H. Hamilton
(Signature)
Area Administrative Supervisor
(Title)
March 20, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED BY: *[Signature]*, 1974
Original Filed by: *[Signature]*, Apr 16
SUPERVISOR DIST. #3

This well is to be filed in compliance with RULE 1104.
If this is a refusal 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.
File for only Sections I, II, III, and VI for changes of owner, well name or number, or transporter or other such change of condition.
This Form C-104 must be filed for each pool in multiply