

NO. OF COPIES RECEIVED		6
DISTRIBUTION		
SANTA FE	1	
FILE	1	
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	2
	GAS	
OPERATOR		
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

Operator		AMOCO PRODUCTION COMPANY	
Address			
501 Airport Drive, Farmington, New Mexico 87401			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input type="checkbox"/>	Change in Transporter of:	Four Corners Pipeline Co.
Recompletion	<input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>	will continue to run as much oil as possible
Change in Ownership	<input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Other name <input type="checkbox"/>	and Plateau, Inc., will take 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	Lease No.
Navajo Tribal "U"	14	Tocito Dome Penn. "D"	Federal	
			State, Federal or Fee	14-20-603-5034
Location				
Unit Letter	K	1840	feet from the South	Line and 2090
			Feet from the West	
Line of Section	16	Township	26N	Range
			18W	County
			San Juan	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/>	Address (The address to which approved copy of this form is to be sent)					
Four Corners Pipeline Company	Box 1588, Farmington, New Mexico 87401					
Plateau, Inc. (Spot Sales)	Box 108, Farmington, New Mexico 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (The address to which approved copy of this form is to be sent)					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Range	Is casinghead gas direct?	When
	A	20	26N	18W	Yes	10-16-73

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

CTB-123

IV. COMPLETION DATA

Designate Type of Completion - ()	Oil Well	Gas Well	Steam Well	Water Well	Reaper	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Date Cased		P.B.T.D.			
Elevations (DF, RKB, RT, etc.)	Name of Producing Formation		Tubing Depth					
Perforations			Depth Casing Shoe					
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		CEMENT SMT		SACKS CEMENT			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after 10 hours of pump volume at load oil and must be equal to or exceed top allowable for this depth or be (p) (but 24 hours)

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

RECEIVED

MAR 20 1974

OIL CON. COM.
DIST. 3

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bar. Casinghead MCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casinghead 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. L. Hamilton
(Signature)

Area Administrative Supervisor

(Title)

March 20, 1974

(Date)

OIL CONSERVATION COMMISSION

APPROVED **MAR 20 1974**, 19Original Signed by **Emery C. Arnold**

TITLE

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 logs 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 transportation, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply