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 in Transporter of:
Oil XX 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" | 14 | Tocito Dome Penn. "D" | Federal | 14-20-603-5034 |

Location

Unit Letter K ; 1840 Feet From The South Line and 2090 Feet From The West

Section 16 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 | 10-16-73 |

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 Resv. | Diff. Resv. |
|---|---|---|---|---|---|---|---|---|
| | | | | | | | | |

| 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.)

| 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 |
|---|---|---|---|
| | | | |

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.

R. L. Hamilton
(Signature)

Area Administrative Supervisor
(Title)

November 25, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 27 19[illegible]

BY Original Signed by FRANK T. CHAVEZ

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