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LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	

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

**I. Operator**  
**AMOCO PRODUCTION COMPANY**

**Address**  
**501 Airport Drive, Farmington, New Mexico 87401**

**Reason(s) for filing (Check proper box)**

New Well	<input type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input checked="" type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

**Other (Please explain):** Four Corners Pipeline Co. will continue to run as much oil as possible 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	Navajo Tribal "U"	Well No.	16	Pool Name, including formation	Tocito Dome Penn. "D"	State, Federal or Fee	Federal	Lease No.	14-20-603-5034
Location	Unit Letter	C	760	Feet From The	North	Line of Section	2040	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"/>	Four Corners Pipeline Company Plateau, Inc. (Spot Sales)	Address to the address to which approved copy of this form is to be sent	Box 1588, Farmington, New Mexico 87401 Box 108, Farmington, New Mexico 87401				
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>		Address to 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.	Produced? <input checked="" type="checkbox"/>	When	12-28-73
	A	20	26N	18W			

If this production is commingled with that from any other lease or pool, give well and lease number: **CTB-123**

**IV. COMPLETION DATA**

Designate Type of Completion -- (1)	Oil Well	Gas Well	Deepened	Backflow	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Comp. Ready to Prod.	Year	Month	Day	F.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Depth	Feet	Feet	Tubing Depth			
Perforations					Depth Casing Shoe			
<b>TUBING, CASING, AND CEMENTING RECORD</b>								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET				SACKS CEMENT		

**V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL** (Test must be after 10 days of total volume of lease oil and must be equal to or exceed top allowable for this depth of well in 24 hours.)

Date First New Oil Run To Tanks	Date of Test	Producing Interval (Top, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-MCF/D	Gas-MCF	
<b>GAS WELL</b>			
Actual Prod. Test-MCF/D	Length of Test	Casing Pressure (MCF)	Gravity of Condensate
Testing Method (pilot, back prod)	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.

*GH Hamilton*  
(Signature)  
**Area Administrative Supervisor**  
(Title)  
**March 20, 1974**  
(Date)

**OIL CONSERVATION COMMISSION**  
APPROVED                      **MAR 20 1974**, 19  
**Original Signed by Emory C. Arnold**  
SUPERVISOR DIST. #3

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