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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

Change in Transporter of:  
Oil ☒ Dry Gas ☐  
Casinghead Gas ☐ Condensate ☐  
Four Corners Pipeline Co. will run approx. 75%, Giant Refining, Inc. will run approx. 25%, and Plateau will purchase surplus on spot-sales basis.

Percentage of ownership, give name and address of previous owner

LEASE OF WELL AND LEASE  
Lease Name: Navajo Tribal "U" Well No.: 16 Pool Name, Including Formation: Tooto Dome Penn. "D" Kind of Lease: Federal Lease No.: 14-20-603-5034  
Location: Unit Letter: C : 760 Feet From The North Line and 2040 Feet From The West  
Section: 16 Township: 26N Range: 18W, NMNM, San Juan County

TRANSPORTER OF OIL AND NATURAL GAS  
Transporter of Oil, ☒ or Condensate ☐  
Four Corners Pipeline Company  
Giant Refining, Inc.  
Transporter of Casinghead Gas ☐ or Dry Gas ☐  
Plateau, 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  
Address (Give address to which approved copy of this form is to be sent)  
Box 108, Farmington, New Mexico 87401

Is well produces oil or liquids, give location of tanks. Unit: A Sec: 20 Twp: 26N Rge: 18W Is gas actually connected? Yes When: 12-28-73

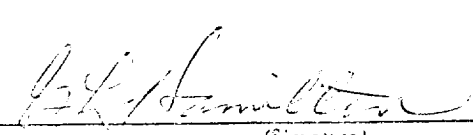
Is this production commingled with that from any other lease or pool, give commingling order number: CTB-123

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.R.T.D.  
Elevations (DE, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth  
Perforations Depth Casing Shoes

TUBING, CASING, AND CEMENTING RECORD  
HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT

TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume 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, Lift, etc.)  
Length of Test Tubing Pressure Casing Pressure  
Actual Prod. During Test Oil-Bbls. Water-Bbls.

CONDENSATE  
Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate  
Testing Method (pitot, back pr.) Tubing Pressure (static-in) Casing Pressure (static-in) Casing Size

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.  
  
Area Administrative Supervisor  
November 25, 1974  
(Date)

OIL CONSERVATION COMMISSION NOV 27 1974  
APPROVED  
BY Original Signed by Mary C. Arnold  
TITLE SUPERVISOR  
This form is to be filed in compliance with RULE 104.  
If this is a request for a flowline 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 104.  
An estimate of the volume to be produced out of the well for allowable flowline and recovery to be made.  
Fill out only Sections I, II, III, and VI for change of owner, well name or number, or transportation of other such change of condition.  
Separate Form C-104 must be filed for each pool in multiple