

NO. OF COPIES RECEIVED	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input type="checkbox"/>
OPERATOR	
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

TIGHT HOLE

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)	
New Well <input type="checkbox"/>	Change in Transporter of: <input type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Transported Gas <input type="checkbox"/> Oil <input type="checkbox"/>
(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. 17	Pool Name, including formation Tocito Dome Penn. "D"	Kind of Lease Indian	Lease No. 14-20-603-5034
Location				
Unit Letter A	660	feet from the North	810	feet from the East
Line of Section 22	Township 26-N	Range 18-W	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 Plateau, Inc. (Spot Sales)	(Give 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 Gas (other than Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>)	(Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	When
A 20 26N 18W	Yes 5-7-74

If this production is commingled with that from any other lease or pool, give well logging order numbers:

CTB-123

IV. COMPLETION DATA

Designate Type of Completion -- (A)	Well	Gas Well	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Comp. Ready to Prod.	Tubing Depth		P.B.T.D.		
Elevations (DF, RKB, ET, GR, etc.)	Name of Producing Formation	Tubing Depth		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 OIL WELL

(Test must be after casing and cementing of last oil and must be equal to or exceed top allowable for this depth or be in excess of 100% of last test)

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

GAS WELL

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

OIL CONSERVATION COMMISSION

APPROVED **MAY 21 1974**, 19
Original Signed by Emery C. Arnold
SUPERVISOR DIST. #2

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 portions 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

Area Administrative Supervisor

May 20, 1974