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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 checked="" type="checkbox"/>
Recompletion <input type="checkbox"/>	Oil <input checked="" type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead 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		Kind of Lease Indian	Lease No. 14-20-603-5034
Lease Name Navajo Tribal "U"	Well No. 19	Post Name, including Permit Tocito Dome Penn. "D"	State, Federal or Fee
Location	Unit Letter H	1830	Feet From The North Line and 610 Feet From The East
Line of Section 15	Township 26N	Range 18W	N.M.P.M. San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS		Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Four Corners Pipeline Company Plateau, Inc. (Spot Sales)	Box 1588, Farmington, New Mexico 87401 Box 108, Farmington, New Mexico 87401	Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input type="checkbox"/>			
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 20	Twp. 26N Rge. 18W
	Is it actually completed? Yes		When May 1974
If this production is commingled with that from any other lease or pool, give commingling order number: CTB-123			

IV. COMPLETION DATA		Oil Well	Gas Well	Deepened	Plug Back	Same Rest'v.	Diff. Rest'v.
Designate Type of Completion - ()							
Date Spudded	Date Compl. Ready to Prod.	Tubing Depth		F.B.T.D.			
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Tubing Depth		Depth Casing Shoe			
Perforations							
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 recovery of oil and must be equal to or exceed top allowable for this depth or be for 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.	Gas-MCF	

GAS WELL		Gols. Condensate MCF		Gravity of Condensate
Actual Prod. Test-MCF/D	Length of Test	Casing Pressure (Shut-in)	Choke Size	
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)			

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.	
Original Signed by G. L. HAMILTON (Signature) Area Administrative Supervisor (Title) May 20, 1974 (Date)	

OIL CONSERVATION COMMISSION MAY 21 1974	
APPROVED	Original Signed by Emery C. Arnold
BY	SUPERVISOR DIST. #3
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 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	