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

AK
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 ☒ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☐

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo Tribal "U"	Well No. 24	Pool Name, including Formation Tocito Dome Pennsylvanian D	Kind of Lease Indian	Lease No. 14-20-603-5034
Location Unit Letter L ; 540 Feet From The West Line and 2100 Feet From The South Line of Section 15 Township 26-N Range 18-W , NMPM, 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"/> Plateau, Inc. Four Corners Pipeline Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 108, Farmington, New Mex. 87401 P. O. Box 1588, Farmington, New Mex. 87401					
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Amoco Production Company	Address (Give address to which approved copy of this form is to be sent) 501 Airport Drive, Farmington, New Mex. 87401					
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 20	Twp. 26N	Rge. 18W	Is gas actually connected? Yes	When 4-4-75

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)	<input checked="" type="checkbox"/> Oil Well	<input type="checkbox"/> Gas Well	<input checked="" type="checkbox"/> New Well	<input type="checkbox"/> Workover	<input type="checkbox"/> Deepen	<input type="checkbox"/> Plug Back	<input type="checkbox"/> Same Res'v.	<input type="checkbox"/> Diff. Res'v.
Date Spudded 2-14-75	Date Compl. Ready to Prod. 4-4-75		Total Depth 6490'		P.S.D. 6445'			
Elevations (DF, RKB, RT, GR, etc.) 5745' GL	Name of Producing Formation Penn. "D"		Top Oil/Gas Pay 6333'		Tubing Depth 6410'			
Perforations 6344-6352', 6354-6357' x 3 SPF					Depth Casing Shoe 6486'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
17-1/4"	13-3/8"		124'		140 sx			
12-1/4"	9-5/8"		1493'		600 sx			
8-3/4"	7"		6486'		1375 sx			
	2-7/8"		6410'					

V. TEST DATA AND REQUEST FOR ALLOWABLE
OIL WELL

(Test must be after recovery of total volume of lead 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 4-5-75	Date of Test 4-5-75	Producing Method (Flow, pump, gas lift, etc.) Pumping	
Length of Test 24 hrs.	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test 325	Oil-Bbls. 254	Water-Bbls. 71	Gas-MCF 2270

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, 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.

(Signature)

Area Superintendent

(Title)

April 7, 1975

(Date)

OIL CONSERVATION COMMISSION

APPROVED

APR 9 1975

BY **Original Signed by Emory G. Arnold**

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 completed wells.