

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

B.K.

DISTRIBUTION	
SANTA FE	<input checked="" type="checkbox"/>
FILE	<input checked="" type="checkbox"/>
U.S.G.S.	<input type="checkbox"/>
LAND OFFICE	<input type="checkbox"/>
TRANSPORTER	OIL <input checked="" type="checkbox"/> GAS <input checked="" type="checkbox"/>
OPERATOR	<input checked="" type="checkbox"/>
PRORATION OFFICE	<input type="checkbox"/>

Operator AMOCO PRODUCTION COMPANY	
Address 501 Airport Drive, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Four Corners Pipeline Co. will run approximately 75%, Giant Industries, Inc. will run approximately 25% and Plateau will purchase surplus on spot sales basis.
Recompletion <input type="checkbox"/>	
Change in Ownership <input type="checkbox"/>	
Change in Transporter of: Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>	

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo Tribal "U"	Well No. 26	Pool Name, Including Formation Tocito Dome Penn. "D"	Kind of Lease Federal	Lease No. 14-20-603-5034
Location Unit Letter <u>I</u> ; <u>1850</u> Feet From The <u>South</u> Line and <u>780</u> Feet From The <u>East</u> Line of Section <u>22</u> Township <u>26-N</u> Range <u>18-W</u> , NMPM, <u>San Juan</u> 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 Giant Industries, Inc. <u>Refinery Line</u> Plateau, Inc. Amoco Production Company	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
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) Box 108, Farmington, New Mexico 87401 501 Airport Drive, Farmington, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit <u>A</u> Sec. <u>20</u> Twp. <u>26N</u> Rge. <u>18W</u> Is gas actually connected? <u>Yes</u> When <u>December 1974</u>

If this production is commingled with that from any other lease or pool, give commingling order number: CTR-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'tv.	<input type="checkbox"/> Diff. Res'tv.
Date Spudded 9-19-74	Date Compl. Ready to Prod. 12-4-74	Total Depth 6426'	P.B.T.D. 6392'					
Elevations (DF, RKB, RT, GR, etc.) 5627' RKB	Name of Producing Formation Penn. "D"	Top Oil/Gas Pay 6257'	Tubing Depth 6277'					
Perforations 6257-59', 6264-6270', 6274-6276' w/3 SPF	Depth Casing Shoe 6426'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
17-1/4"	13-3/8"	113'	120 sx.					
12-1/4"	9-5/8"	1505'	475 sx.					
8-3/4"	7"	6259'	700 sx. 1st stage, 1050 sx.					
6-1/4"	5" liner	6426'	50 sx. 2nd stage					

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(Test must be after recovery of total volume of load 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 12-1-74	Date of Test 12-4-74	Producing Method (Flow, pump, gas lift, etc.) Pump	
Length of Test 24 hrs.	Tubing Pressure 400	Casing Pressure 400	Choke Size
Actual Prod. During Test 327	Oil-Bbls. 250	Water-Bbls. 77	Gas-MCF 539

GAS WELL

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

G.L. Hamilton
(Signature)

Area Administrative Supervisor
(Title)

December 6, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 1974
BY Original [Signature] DEC 9 1974
TITLE Area Admin. Supv.

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.