NO. OF COPIES REC	EIVED		
DISTRIBUTION			14
SANTA FE		1	
FILE		1	-
U.S.G.S.			
LAND OFFICE			
TRANSPORTER	OIL.		
	GAS	1	
OPERATOR		1	
PRORATION OFFICE			

DISTRIBUTION	NEW MEXICO OIL	CONSERVATION COMMISSION	Form C-104		
SANTA FE (REGUEST FOR ALLCIWABLE AND Supersedes Old C-104 and C-1. Effective 1-1-65			
PILE /					
U.S.G.S.	AUTHORIZATION TO TR	ANSPORT OIL AND NATURAL	GAS		
LAND OFFICE	_				
TRANSPORTER OIL					
GA3 /					
OPERATOR /					
1. PRORATION OFFICE Operator					
AMOCO PRODUC	TION COMPANY				
Address					
	Drive, Farmington, New Me	xico 87401			
Reason(s) for filing (Check proper b		C'her (Please explain)			
New Well	Change in Transporter of:	o not to tease explains			
	Oil Dry G				
Recompletion					
Change in Ownership	Casinghead Gas Conde	ensate			
If change of ownership give name					
and address of previous owner					
II. DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	Formation Kind of Lea	ase Todayal Lease No.		
Valencia Canyon, Unit	1 Chosa Mesa Pic				
	2 01028 1328 121	State, rede	arr-491/		
Location					
Unit Letter M ;	790 Feet From The South Li	ne and 940 Feet From	n The West		
		•			
Line of Section 21	Township 28N Range	4W , NMPM, Ric	o Arriba County		
II. DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS			
Name of Authorized Transporter of C	or Condensate	Address (Give address to which app	roved copy of this form is to be sent)		
Name of Authorized Transporter of C	Casinghead Gas or Dry Gas	Address Give address to which app	roved copy of this form is to be sent)		
El Paso Natural Gas	Company	Box 990, Farmington,			
	Unit Sec. Twp. Rge.		Yhen		
If well produces oil or liquids,	Ont Sec. 1 wp.	No.			
give location of tanks.		<u> </u>			
If this production is commingled	with that from any other lease or pool,	give commingling order number:			
V. COMPLETION DATA					
Designate Type of Comple	Oil Well Gas Well	New We.1 Workover Deepen	Plug Back Same Resty. Diff. Resty.		
Designate Type of Complet	tion = (A)	X	1 1		
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
7-30-73	10-8-73	85 05 '	41501		
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gos Pay	Tubing Depth		
7082' GL, 7095' KB	Pictured Cliffs	3918'	4045'		
Perforations 3918-10 39	90-4004', 4008-14',		Depth Casing Shoe		
4024-42° 40	48-54' w/1 SPF		8454'		
		D CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
15"	10-3/4" 40.5#	309	300		
8-3/4"	7-3/8" 26.4#	4208*	650		
	4-1/2" 10.5#	4500 - 8454	550		
6-3/4) ^W	2.375"	۸045°			
V. TEST DATA AND REQUEST	FOR ALLOWABLE (Test must be	after recovery of total	il and must be equal to or exceed top allow		
OIL WELL		epth or be for juli 2.			
Date First New Oil Run To Tanks	Date of Test	Producing Morney of our plan, Fa	J''*****		
		7			
Length of Test	Tubing Pressure	Cosing Pressure	Choke Size		

Actual Prod. During Test	Oil-Bbls.	Water-Elblat	M. Gas-MCF		
		/ W. COM. SO.	1		
<u> </u>		JIST. 3			
GAS WELL			_		
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
1638	3 hrs.	-	-		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
Back Pressure	1135	1135	.750		
	NOE	OII CONSERV	ATION COMMISSION		
I. CERTIFICATE OF COMPLIA	NCE	OIL CONSERV			
		ABBROVES	4.30 19 74		
I hereby certify that the rules an	d regulations of the Oil Conservation	APPROVED	·		
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.		BY Original Signed by Emery C. Arnold			
above is time and complete to t		[4			
		TITLE	A Commence of the Commence of		
Original Signs	đ by	i			
	J. FRHGLD SHELL		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		
,	gnature)	tests taken on the well in acc	cordance with RULE 111.		
Area Engineer		All sections of this form t	must be filled out completely for allow		
	Title)	able or, new and recompleted	wells.		
April 19, 197	•	Fill out only Sections I.	II, III, and VI for changes of owner		
(Date)		well name or number, or transporter, or other such change of condition			

well name or number, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiply