

DISTRIBUTION	
STATE	
FEE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	/
PRORATION OFFICE	

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-1.
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 <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input 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)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Valencia Canyon Unit	Well No. 17	Pool Name, Including Formation Choza Mesa Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. NM-14920
Location Unit Letter N ; 1040 Feet From The South Line and 1570 Feet From The West Line of Section 26 Township 28N Range 4W , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 108 Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990 Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit N	Sec. 26	Twp. 28N	Rge. 4W	Is gas actually connected? No	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 2/4/78	Date Compl. Ready to Prod. 5/11/78	Total Depth 4350'	P.B.T.D. 4313'					
Elevations (DF, RKB, RT, GR, etc.) 7249' GL, 7259' KB	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 4030'	Tubing Depth 4237'					
Perforations 4030-4080, 4144-4148, 4164-4230	Depth Casing Shoe 4350'							
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" Casing		309'		250 sx			
7-7/8"	4-1/2" Casing		4350'		1200 sx			
	2-3/8" Tubing		4237'					

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	Date of Test	Producing Method (Flow, pump, gas lift, etc.)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.

GAS WELL

Actual Prod. Test-MCF/D 1817	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate DIST. 5
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1005	Casing Pressure (Shut-in) 1008	Choke Size .75"

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
E. E. SVOBODA

(Signature)

Area Administrative Supervisor

(Title)

6/16/78

(Date)

OIL CONSERVATION COMMISSION

JUN 23 1978

APPROVED _____, 19

BY Original Signed by A. R. KENDRICK

TITLE _____

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepener 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 Form C-104 must be filed for each such change.