

U.S. DEPARTMENT OF AGRICULTURE	
OFFICE OF SOIL CONSERVATION	
NATIONAL TECHNICAL ASSISTANCE CENTER	
SANTA FE	
FIELD OFFICE	
U.S.D.A.	
LAND OFFICE	
TRANSPORTER	DATE OAS
OPERATOR	
PROMOTION OFFICE	
OFFICIAL	

Amoco Production Company

Address 501 Airport Drive, Farmington, N.M. 87401

New Well	<input 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 checked="" type="checkbox"/>

Other (Please explain)

change of ownership give name  
and address of previous owner \_\_\_\_\_

Lease Name	Well No.	Pool Name, including Formation	Kind of Lease	Lease No.
Martin Gas Com "F"	1E	Basin Dakota	State, Federal or Fee Federal	SF-077329
Location				

Until Letter N : 910 Feet From The South Line and 1520 Feet From The West

Line of Section 14 Township 27N Range 10W , NMPM, San Juan County

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Plateau, Inc.					P.O. Box 489, Bloomfield, N.M. 87413	
Name of Producer of Gas: Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
EL PASO NATURAL GAS COMPANY						
P. O. BOX 990						
Well Name (Give name of well as it appears on lease)		Unit	Sec.	Twp.	Rge.	Is gas actually connected?
WASHINGTON, RE. MEXICO		N	14	27N	10W	When

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

COMPLETION DATA

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resist.	Diff. Resist.
are Spudded	Date Compl. Ready to Prod.	Total Depth				P.B.T.D.			
evaluations (D)	Y, RT, GR, etc.	Name of Producing Formation				Top Oil/Gas Pay			
						Tubing Depth			
explorations						Depth Casing Shoe			

## TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT

EST DATA AND REQUEST FOR ALLOWABLE  
L 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)

to First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Crate Size
Daily Prod. During Test	Oil - Bbls.	Water - Bbls.	


RECEIVED

S WELL

Test Prod. Test-MCF/D	Length of Test	Bbls. Condensate/M-MCF	Gravity of Condensate
Sealing Method (pilot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

## RTIFICATE OF COMPLIANCE

reby certify that the rules and regulations of the Oil Conservation  
Commission have been complied with and that the information given  
is true and complete to the best of my knowledge and belief.

  
(Signature)  
District Administrative Supervisor

September 28, 1983

## OIL CONSERVATION DIVISION

APPROVED Frank J. [Signature] 1983, 19\_\_\_\_  
BY \_\_\_\_\_  
TITLE SUPERVISOR DISTRICT #3

This form is to be filed in compliance with RULE 100a.  
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 101.  
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 transfers, or other such changes of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.