

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	/
PRODUCTION OFFICE	

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

Form C-104
 Supersedes OIL C-104 and C-110
 Effective 1-1-65

I. Operator
Amoco Oil & Gas Company
 Address
Box 570, Farmington, New Mexico
 Reason(s) for filing (Check proper box) Other (Please explain)
 New Well Change in Transporter of:
 Recombination Oil Dry Gas
 Change in Ownership Casinghead Gas Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>McClanahan</u>	Well No. <u>19</u>	Pool Name, including Formation <u>Box 103, Santa Fe</u>	Kind of Lease State, Federal or Fee <u>SF-079634</u>	Lease No.
Location Unit Letter <u>G</u> , <u>1550</u> Feet From The <u>North</u> Line and <u>1550</u> Feet From The <u>West</u>				
Line of Section <u>14</u>	Township <u>28N</u>	Range <u>10W</u>	NMPL, San Juan	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"/> <u>Plaza</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 103, Farmington, New Mexico</u>			
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>Southern Union Gathering</u>	Address (Give address to which approved copy of this form is to be sent) <u>Box 398, Bloomfield, New Mexico</u>			
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.
				Is gas actually connected? When

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

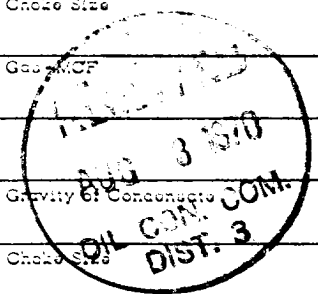
IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
<input checked="" type="checkbox"/>								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.S.T.D.					
Elevations (DF, RKB, RT, CR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth					
Perforations	TUBING, CASING, AND CEMENTING RECORD						Depth Casing Shoe	
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

V. TEST DATA AND REQUEST FOR ALLOWABLE

(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	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF
GAS MODEL	Length of Test	Bbls. Condensate/MCF	Gravity of Condensate
Testing Method (pilot, sack pr.)	Tubing Pressure (Chart-12)	Casing Pressure (Chart-12)	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]
 District Superintendent
 July 29, 1970
 (Date)

OIL CONSERVATION COMMISSION
 AUG 3 1970

APPROVED _____, 19____
 BY Original Signed by Emery C. Arnold
 TITLE SUPERVISOR DIST. #3

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.