40. OF COPIES RECEIVED		4	
DISTRIBUTION			
SANTA FE			
FILE			4
u.s.g.s.			
LAND OFFICE			
TRANSPORTER	OIL	L	
	GAS	1	
OPERATOR		/	
PRORATION OFFICE		Ĺ.	

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

SANTA FE /	REQUEST I	FOR ALLOWABLE	Supersedes Old C-104 and C-110 Effective 1-1-65
FILE / L	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		
LAND OFFICE	AUTHORIZATION TO TRA	NOPUR I UIL AND NATURAL GAS	
TRANSPORTER OIL			
GAS /			
OPERATOR /	-		
Operator Operator			
AMOCO PRODUCT	ION COMPANY		
Address			
Reason(s) for filing (Check proper bo	rive, Farmington, New Mex	Other (Please explain)	
New We!l	Change in Transporter of:	Giller (1 sease explains)	
Recompletion	Oll Dry Gas	s 🔲	
Change in Ownership	Casinghead Gas Conden	sate	
If change of ownership give name and address of previous owner			
. DESCRIPTION OF WELL AND	LEASE Well No. Pool Name, Including Fo	ormation Kind of Lease	Lease No.
A. L. Elliott "A"	2 Undesignated		
Location	or no wath	e and 1010 Feet From The	West
Unit Letter D ; 10	Feet From The North Line	e and Feet From The	11 wed 6
Line of Section 11 To	ownship 29-N Range	9-W , NMPM, San	Juan County
	MED OF OUR AND NAMED AT	5	
Name of Authorized Transporter of O	TER OF OIL AND NATURAL GA	Address (Give address to which approved	copy of this form is to be sent)
Name of Authorized Transporter of Co	asinghead Gas 🔃 or Dry Gas 🍱	Address Give address to which approved	
El Paso Natural Gas	Company	P. O. Box 990, Farmingto	n, New Mexico 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.		
	it that for a great than long or goal	No	<u></u>
If this production is commingled w. COMPLETION DATA	ith that from any other lease or pool,		
Designate Type of Complet	On - (X)	New Well Workover Deepen P	lug Back Same Res'v. Diff. Res'v.
	Date Compl. Ready to Prod.	Total Depth F	X
Date Spudded Recomp. 1-8-72	1-24-72	3027'	2850
Elevations (DF, RKB, RT, GR, etc.)			ubing Depth
GL 6266', DF 6275'	Fruitland	2621'	2654
Perforations		-	Depth Casing Shoe
<u>2621–26, 2663–78, 26</u>	93-2703, 2792-97 x 1 SPF	CEMENTING RECORD	
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
	1-1/4"	2654'	
The same and the s	COD ALLOWARIE (Text must be a	fter recovery of total volume of load oil and	must be estal to or the estal allow
OIL WELL	able for this de	pth or se for full 24 hours)	A GARAGE PARTY
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift,	
	Tubing Pressure	Casing Pressure	Choke Size 2 20170
Length of Test	1 uping Pressure	Cdamy Planta	Choke Size 20 2 1972
Actual Prod. During Test	Oil-Bbls. +	Water-Bbls.	Gas-MCF COM.
			3
			AND SE SE
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
879 (AOF 1003 MCFD)	3 hr.		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Julia (Julia -)	Choke Size
Back Pressure	672 paig	674 psig	3/4"
I. CERTIFICATE OF COMPLIA	NCE	OIL CONSERVAT	ION COMMISSION
		APPROVED FEB 4	19
Commission have been complied	by certify that the rules and regulations of the Oil Conservation ission have been complied with and that the information given is true and complete to the best of my knowledge and belief. SUPERVISOR DIST. #3		Emery C. Arnold
above is true and complete to t			DIST. #3
		TITLE	
Caraba. Si		This form is to be filed in cor	npliance with RULE 1104.
E.A. WAY			ole for a newly drilled or deepened and by a tabulation of the deviation
, ,	gnature)	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.	
Area Enginee	Title)	All sections of this form must be filled out completely for allow able on new and recompleted wells.	
February 2.	1972	Fitt out only Sections I. II. III. and VI for changes of own	
	Date)	well name or number, or transporter	or other such change of conditions
		Separate Forms C-104 must be completed wells.	pe filed for each pool in multiply
		April 1 and 1 €	