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DISTRIBUTIO		4	
SANTA FE		i	
FILE	/	۷-	
U.S.G.S.			
LAND OFFICE			
IRANSPORTER	OIL	j	
THE TOTAL PROPERTY OF THE PARTY	GAS		
OPERATOR			
PRORATION OF	ICE	[']	

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

	FILE											
	U.S.G.S.			AUTH	ORIZAT	TON TO TRA	ANSPORT	OIL AND N	NATURAL G	AS		
	LAND OFFICE											
	TRANSPORTER	OIL	<u>'</u>									
		GAS										
	OPERATOR											
I.	PRORATION OFFICE '											
	Operator AMOCO BRODICTION COMPANY											
	AMOCO PRODUCTION COMPANY											
	Address FOR Administration Washing Washing Property Property Administration Property											
	501 Airport Drive, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) Cther (Please explain)											
	ł	L.neck prop	per box)	C)	7 0	-44		Other (Please	,			
	New Well	H		Change in Transporter of:				Well has commenced m				
	Recompletion Channel (S			Oil Dry Gas Casinghead Gas Condens			orreting mooned for concentrate.				ite.	
	Change in Ownership	·	· · · ·	Casinghe	a Gas	Conde	nsure					
	If change of owners	hip give n	ame									
	and address of prev.											
-	DECCRIPTION 1	ED 531575 -	431E -	CACE								
11.	DESCRIPTION OF	F WELL	AND LE	Well No.	Fool Na	me. Including F	ormation		Kind of Lease	90 . 1	1 Lease No.	
	A. L. Bllio	** 11411		Feder						LI -		
	Location	LL A				Tenco III	TITEL				SF 078132	
			100	E		Wa-aL		1010	_			
	Unit Letter	<u>'</u> ; -	TOR	∌ Feet Fro	om The	North Lin	ne and	1010	Feet From T	he West		
	1.1	11	~ ~	hin 🙃	0_¥	Baras	A . **	ND 4701-4	,	San Turan	Court	
	Line of Section	11	Towns	inip 2	9-N	Range	9-W	, NMPM	,	San Juan	County	
	DEGROS APPROX OF	n ann each	יייייייי	יים מים מי	ANID N	ATTIDAT C	16					
111.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)											
	Name of Authorized	DC. Transcorter	of Casin	ghead Gas	or D	ry Gas	Address	Give address t	o which approv	ton, New Max ed copy of this form	is to be sent)	
						· <u> </u>		• • •	••	• • •	,	
			· · · · · · · · · · · · · · · · · · ·	Jnit Sec	Tw	vp. Rge.	Is gas ac	tusily connecte	ed? Whe	n.		
	If well produces oil of give location of tank		,	D !	11	29 ! 9			1	2-5-7	19	
							.	Yes		4-3-1		
**	If this production is		led with	that from a	ny other	lease or pool,	give com	ningling order	number:			
1 V .	COMPLETION DA				Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back Same	Res'v. Diff. Res'v.	
	Designate Typ	e of Com	pletion	-(X)		1	ŧ	1	1	i (!	
	Date Spudded		E	ate Compl. I	Ready to I	Prod.	Total De	pth	1	P.B.T.D.		
				•								
	Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation					mation	Top Oil/Gas Pay			Tubing Depth		
		, ,,,,										
	Perforations						Depth Casing Shoe			•		
				•	TUBING.	CASING, AN	D CEMEN	TING RECOR	D			
	HOLE	SIZE			CASING & TUBING SIZE			DEPTH SE		SACKS CEMENT		
										i		
v.	TEST DATA AND	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 allow-										
••	OIL WELL					able for this d	epth or be f	or full 24 hours	<u>) </u>			
	Date First New Oil F	Run To Tan	iks E	ate of Test	_		Producing Method (Flow, pump, gas lift, etc.)					
										1000		
	Length of Test Tubing Press				тe		Casing P	ressure	AFILIA	Choke Size		
	Actual Prod. During Test Oil-			il-Bbls.			Water - B	ola. / 🛭	ILLIA V	Cha-VCF		
								/ NLO				
								un 13 1075				
	GAS WELL						1 301,					
	Actual Prod. Test-MCF/D Length of Test				Bbls. Co	ndensate MMC	" CON (Juliavity of Conden	. = at •			
							-		In OIST	Shoke Size		
	Testing Method (pito	ot, back pr.	/ T	ubing Press	ure (Shut	t-in j	Casing P	ressure (Shub	,0	CHOK SIZE		
							 					
VI.	CERTIFICATE O	ERTIFICATE OF COMPLIANCE					OIL (CONSERYA	TION COMMIS	SION		
	,					OIL CONSERVATION, COMMISSION						
	hereby certify that the rules and regulations of the Oil Conservation						11	07ED		1- TA A	, 19	
	ommission have been complied with and that the information given bove is true and complete to the best of my knowledge and belief.						Original Signed by Emery V. Alas					
	above is true and	bove is true and complete to the best of my knowledge and belief.						SUPERVISOR DIST. #3				
							TITLE					
	1/2011 · 20						-	nia form is to	be filed in c	compliance with s	ULE 1104.	
	474	17/ Hamilton					This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened					
		(Signature)						well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with MULE 111.				
	Area Admi	lnietra	. •	•	or		tests	aken on the	well in accor	dence with RULE	, III. Maletelu fae ellauw	
	ALVE AURI		(Title				A	Il sections of	this form mu completed we	st de muied out co Ms.	mpletely for allow-	
		(title)						able 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

June 11, 1974 (Date)