	OF COPIES RECEIVED 4					
	DISTRIBUTION	REQUEST FOR ALLOWABLE S		Form C-104	1	
	ITA FE			Supersedes Old C-	104 and C-110	
	LE		AND	Effective 1-1-65		
	,5.G.S.	AUTHORIZATION TO TRAI	SPORT OIL AND NATURAL	GAS		
	AND OFFICE	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
	OIL					
	I RANSPORTER GAS /					
-	OPERATOR					
-	PRORATION OFFICE					
ļ,	Operator				1	
	AMOCO PRODUCTION	COMPANY				
	501 Airport Drive, Farmington, New Mexico 87401					
-	Reason(s) for filing (Check proper box)	e; sarminguon;	Other (Please explain)			
	New Well	Change in Transporter of:				
ļ	Recompletion	Oil Dry Gas	,			
1	Change in Ownership	Casinghead Gas Condens	sate			
L				-		
I	f change of ownership give name and address of previous owner					
11. 1	DESCRIPTION OF WELL AND L	EASE	rmation Kind of Lea	rse	Lease No.	
Ī	Lease Name	Well No. Pool Name, including to		_ 1		
	Archuleta Gas Com "A"	4 Blanco Pictu	TEN CLAIM			
	Location K 1455	Feet From The South Line	e and 1675 Feet From	m The West		
	Unit Letter K ; 145:	Feet Flom The	 -		ŀ	
İ	Line of Section 5 Town	nship 29N Range	9W , NMPM, San	Juan	County	
L						
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S Address (Give address to which app	and convert this form is to b	e sent	
]	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which app	proved copy of this form is to	, e 30, 11,	
i			Address (Give address to which app	proved copy of this form is to b	e sent)	
ļ	Name of Authorized Transporter of Casi	nghead Gas 🔃 or Dry Gas 🛣	1		, e 30, 11,	
	El Paso Natural Gas Co	ompany	Box 990, Farmington,	When		
	If well produces oil or liquids,	Unit Sec. Twp. P.ge.	is qua detain; commenter;	wnen		
ł	give location of tanks.		No			
	If this production is commingled with	n that from any other lease or pool,	give commingling order number:			
IV.	COMPLETION DATA	COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back Same Res'v. Diff. Res				
	Designate Type of Completion	- (X)	Them were		1	
		Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.	1	
	Date Spudded	7-23-72	2265*	2191'		
	6-19-72	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Elevations (DF, RKB, RT, GR, etc.)	Pictured Cliffs	2124'	2168'		
	5584' Gr.	LICEUSES CTITES		Depth Casing Shoe		
	Perforations	cn a		2253'		
	2124-34*, 2144-66* x 1 SPF TUBING, CASING, AND CEMENTING RECORD					
		CASING & TUBING SIZE	DEPTH SET	SACKS CEME	NT	
	HOLE SIZE	8-5/8"	210*	200 sx		
	12-1/4"	4-1/2"	2253*	600 sx		
	7-7/8"	1-1/4"	2168'			
	DATE AND PROVIDED DO	OP ALLOWARIE. (Test must be c	after recovery of total volume of load	oil and must be equal to or ex	ceed top allow	
V.	able for this depth or be for full 24 hours)					
	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, ga	s lift, etc.)	AN	
			<u> </u>	/R[].]	\[])/	
	Length of Test	Tubing Pressure	Casing Pressure	Choke lize	· }	
				100 1111 9 7	1972	
	Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gas-MCF JUL 2	MIF	
				OIL CON.	COM.	
	DISTI					
	GAS WELL				<u> </u>	
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate	•	
	2124	3 hr.	0 (5) (5) (5)	Choke Size		
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	.75		
	Back Pressure	1011 psig	1010 psig			
VI	CERTIFICATE OF COMPLIANCE		OIL CONSER	EVATION COMMISSION	i	
V 4			II.	1111 9 7 1072	19	
			ADDECUES	JUL 4 (1972 1)		
	I hereby certify that the rules and	regulations of the Oil Conservation	AFFROVED	1		
		regulations of the Oil Conservation with and that the information given a beat of my knowledge and belief.	Original Signed	by A. R. Kendrick		
		regulations of the Oil Conservation with and that the information given a best of my knowledge and belief.	Original Signed			

Original Signed by
J. ARMOLD SMELL

Area Engineer

July 25, 1972

(Signature)

(Title)

This form is to be filed in compliance with RUL E 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.