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| DISTRIBUTION | | | | |
| SANTA FE | | | | |
| FILE | | 1 | - | |
| U.S.G.S. | | | | |
| LAND OFFICE | | L | | |
| IRANSPORTER | OIL | <u> </u> | | |
| | GAS | 1.7 | | |
| OPERATOR | | 1 | | |
| | | + | + | |

| DISTRIBUTION | | ONSERVATION COMMISSION | Form C-104 Supersedes Old C-104 and C-110 | | | | |
|---|--|--|--|----------------|---------|--------------------------------|--|
| SANTA FE | REQUEST | FOR ALLOWABLE AND | Effective 1-1-65 | | | | |
| U.S.G.S. | AUTHORIZATION TO TRAI | NSPORT OIL AND NATURAL | GAS | | | | |
| LAND OFFICE | AUTHORIZATION TO TRAI | HOI ON I OIE AND NATONAE | | | | | |
| OIL | | | | | | | |
| I RANSPORTER GAS / | | | | | | | |
| OPERATOR / | | | | | | | |
| PRORATION OFFICE | | | | | | | |
| Operator | CONT. COLORANTE | | | | | | |
| AMOCO PRODUCTI | ON COMPANI | | | | | | |
| Address 501 Airport Be | rive, Farmington, New Mexic | eo 87401 | | | | | |
| Reason(s) for filing (Check proper | | Other (Please explain) | | | | | |
| New We!1 | Change in Transporter of: | | | | | | |
| Recompletion | Oil Dry Gas | s | | | | | |
| Change in Ownership | Casinghead Gas Conden | sate 🔲 | | | | | |
| | | | | | | | |
| If change of ownership give nam and address of previous owner _ | e | | | | | | |
| - | | | | | | | |
| II. DESCRIPTION OF WELL AN | Well No. Pool Name, Including Fo | ormation Kind of Lea | Lease No. | | | | |
| A. L. Elliott "C" | 3 Blanco Pictur | red Cliffs | ral cr 201 SF 078132 | | | | |
| Location | | | | | | | |
| Unit Letter B ; | 30 Feet From The North Line | e and Feet From | n The Rest | | | | |
| Omit Letter | | • | _ | | | | |
| Line of Section 15 | Township 29 Range | 9W , NMPM, | San Juan County | | | | |
| | OF OUT AND NATURAL CA | e | | | | | |
| Name of Authorized Transporter of | ORTER OF OIL AND NATURAL GA | Address (Give address to which app. | roved copy of this form is to be sent) | | | | |
| Name of Authorized Prinsporter of | , | | | | | | |
| Name of Authorized Transporter of | Casinghead Gas or Dry Gas X | Address (Give address to which app | roved copy of this form is to be sent) | | | | |
| El Paso Natural Gas | | P. O. Box 990, Farmi | ngton, New Mexico | | | | |
| If well produces oil or liquids, | Unit Sec. Twp. Ege. | | Vhen | | | | |
| give location of tanks. | 1 | No | | | | | |
| If this production is commingled | with that from any other lease or pool, | give commingling order number: | | | | | |
| IV. COMPLETION DATA | Oil Well Gas Well | New Well Workover Deepen | Plug Back Same Resty. Diff. Resty. | | | | |
| Designate Type of Compl | etion - (X) | | | | | | |
| | Date Compl. Ready to Prod. | X Total Depth | P.B.T.D. | | | | |
| Date Spudded 11-5-72 | 11-28-72 | 2660 | 25941 | | | | |
| Elevations (DF, RKB, RT, GR, et. | | Top Oil/Gas Pay | Tubing Depth | | | | |
| 5919' Gr. | Pictured Cliffs | 2479' | 25441 | | | | |
| Perforations | | | Depth Casing Shoe 2617 | | | | |
| 2479-2495 X 2508- | 2526 x 1 SPF | | 2017 | | | | |
| | | D CEMENTING RECORD | SACKS CEMENT | | | | |
| HOLE SIZE | CASING & TUBING SIZE | 200' | 200 sx - circ. | | | | |
| 12-1/4" | 8-5/8" 4-1/2" | 2617' | 425 sx - eirc. | | | | |
| 6-3/4" | 1-1/4" | 25441 | | | | | |
| | | | | | | | |
| W TEST DATA AND REQUES | r FOR ALLOWABLE (Test must be a able for this de | after recovery of total volume of load o | oil and must be equal to or exceed top allow | | | | |
| OII. WELL | | epth or be for full 24 hours) | lift etc.) | | | | |
| Date First New Oil Run To Tanks | Date of Test | Producing Method (Figure number) | 1 11/1, 21/1/ | | | | |
| | | Casing Pressure | Choke Size | | | | |
| Length of Test | Tubing Pressure | A STATE OF THE PARTY OF THE PAR | - | | | | |
| | Oil-Bbls. | Water-Bbl. DEC 11 197 | 2 das-MCF | | | | |
| Actual Prod. During Test | J. 2 | 1 1 | | | | | |
| | | OIL CON. CO | M. / | | | | |
| GAS WELL | | DIST. 3 | | | | | |
| Actual Prod. Test-MCF/D | Length of Test | Bbls. Condensate MMCF 3 | Gravity of Condensate | | | | |
| 1431' | 3 hr. | | Choke Size | | | | |
| Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | Casing Pressure (Shut-in) | .750 | | | | |
| Back Pressure | 910 psig | 911 psig | VATION COMMISSION | | | | |
| VI. CERTIFICATE OF COMPL | IANCE | li . | | | | | |
| | | APPROVED | DEC 1 1 1972 | | | | |
| I hereby certify that the rules and regulations of the Oil Conservation | | l by Emery C. Arnold | | | | | |
| above is true and complete t | o the best of my knowledge and belief. | BY OLIGINAL Press | an Dicm 48 | | | | |
| | | TITLESUPERVIS | SOR DIST. #3 | | | | |
| | Ongine Signed by | 11 | in compliance with RULE 1104. | | | | |
| J. ARROLD STELL (Signature) Area Engineer | | 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 allow | | | | | |
| | | | | wieg priktueer | (Title) | il able on new and recompleted | Metra. |
| | | | | December 8, 19 | 72 | - 11 | I, II, III, and VI for changes of owne porter, or other such change of condition |
| | (Date) | !!all same or number. Of Well- | must be filed for each pool in multip | | | | |
| | | Separate Forms C-104 completed wells. | | | | | |
| | | | | | | | |