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OPERATOR	2	/	
PRORATION OF			
Operator			

RECEI

-	SANTA FE /	_		Form C 104			
	FILE / L	REQUEST	FOR ALLOWABLE	Supers des OHT 1-104 and C-11			
			AND				
	U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (
	LAND OFFICE			Dist.			
	TRANSPORTER		- Eff. 2-1-71,				
	OPERATOR 2		Pan American Petro, Com				
_			has changed its name to				
I.	PRORATION OFFICE Operator		AMOCO PROD. CO.				
		willian Will downsmillion					
	Address	PETROLEUM CORPORATION					
	Reason(s) for filing (Check proper box)	rive, Parmington, New M	Other (Please explain)				
	New Well	Change in Transporter of:	Omer (1 sease explain)				
	Recompletion	Oil Dry Go		!			
			77 !				
	Change in Ownership		<u> </u>				
	If change of ownership give name	Pan Am.	Eff. 2-1-71,				
	and address of previous owner	has che	rican Petro. Corp.				
==	DESCRIPTION OF RELL AND	AM One	nged its name to				
11.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, Including F	OCO PRODUCTION TO Kind of Leas	e Lease No.			
	U.S.G. Section 18	27 Hogback Da	ş	ni or Fee Federal I-89-IND-58			
	Location	a, magasta as		200101 1 07 115 30			
	* 14		. 9475	- Wash			
	Unit Letter : 16.	Feet From The South Lir	ne and 2475 Feet From	The West			
	Line of Section 18 Tow	mship 29-X Range	16-W , NMPM, Sen	Juan County			
	Line of Section 20 10w	montp as Italige	, Marini,	County			
111	DESIGNATION OF TRANSPORT	TER OF OU AND NATURAL CA	ıs				
141.	Name of Authorized Transporter of Oil		Address (Give address to which appro	wed copy of this form is to be sent)			
	Town Company Displies		P. O. Box 1588, Farmis	agton. New Mexico 87401			
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas	Address (Give address to which appro				
	Hone	Unit Sec. Twp. Rge.	Is gas actually connected? Wh	en			
	If well produces oil or liquids, give location of tanks.	J 19 29M 16W					
	If this production is commingled wit COMPLETION DATA	h that from any other lease or pool,	give comminging order number:				
1 V .		Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.			
	Designate Type of Completion	$\mathbf{n} = (\mathbf{X})$	x				
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.			
	11-1-67	11-5-67	6641				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth			
	GL 4996': BF 4999'	Dakota	6621	23/5 64/			
	Perforations			Depth Casing Shoe			
		TUBING, CASING, AN	D CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT			
	8-3/4"	7"	79'	45 sacks			
	6-1/8"	4-1/2"	663'	125 sacks			
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	ifter recovery of total volume of load oil	and must be equal to or exceed top allow-			
	OIL WELL		epth or be for full 24 hours)	×			
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas l	ojs, esc.j			
	11-5-67	11-5-67	Flow	Choke Size			
	Length of Test	Tubing Pressure	Casing Pressure				
	16-1/2 hr.		Water-Bbis.	20/64" Gas-MCF			
	Actual Prod. During Test	Oil-Bbls.					
		91	3-1/2	TSTM			
	GAS WELL			To (0.)			
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size			
		<u> </u>	1				
VI.	CERTIFICATE OF COMPLIANO	CE	OIL CONSERV	ATION COMMISSION			
) IJU/			
	I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED				
	Commission have been complied wabove is true and complete to the	vith and that the information given beat of my knowledge and belief.	BY // K, T	Rusuck			
	move is true and complete to me		PETROLEUM	ENGINEER DIST. NO. 8			
	_		TITLE				
	Orginal Signed By	7.	This form is to be filed in	compliance with RULE 1104.			
	G. W. EATON, JR.		If this is a request for allo	wahle for a newly drilled or deepened			
	(Signa	sture)	well this form must be accomp	anied by a tabulation of the deviation			
	Avec Boolnes		tests taken on the well in accordance with RULE 111.				

VI

(Title) November 6, 1967

All sections of this form must be filled out completely for allow 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 completed wells.

NO. OF COPIES RECI	LIVED	14	
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Operator			
AMOCO PRODII	CTION	CO	MPAN

	SANTA FE /			CONSERVATION C T FOR ALLOWABI AND		Form C-104 Supersedes (Effective 1-	Old C-104 and C-1 1-65
	U.S.G.S. LAND OFFICE	AUTH	IORIZATION TO TR		ND NATURAL	GAS	
	TRANSPORTER GAS						
1.	PRORATION OFFICE						
	AMOCO PRODUCTION COM	PANY					
	501 Airport Drive F		New Mexico 874	401			
	Reason(s) for filing (Check proper to New Well	•	in Transporter of:	Other (P	ease explain)		
	Recompletion Change in Ownership	Oil Casingh	ead Gas Cond	ensate			
	If change of ownership give name and address of previous owner	•					
II.	DESCRIPTION OF WELL AN		. Pool Name, Including				
	U.S.G. Section 18	27	Hogback Dako		Kind of Leas State, Federa	Indian	Lease No. IND-58
		65 Feet Fr	om The South Li	ne and 2475	Feet From	The West	
	Line of Section 18	Cownship 29N	Range	16W , N	San San	Juan	County
III.	DESIGNATION OF TRANSPO	RTER OF OIL	AND NATURAL GA	AS			
	Plateau, Inc.			P.O. Box 108	Farmingto	ved copy of this form is on, NM 87401	•
	Name of Authorized Transporter of C	Casinghead Gas [or Dry Gas	Address (Give addre	ss to which appro	ved copy of this form is	to be sent)
	If well produces oil or liquids, give location of tanks.	Unit Sec	e. Twp. Rge.	Is gas actually conn	ected? Who	en	
IV.	If this production is commingled v COMPLETION DATA		ny other lease or pool,		der number:		
	Designate Type of Complet	ion – (X)	Oil Well Gas Well	New Well Workov	er Deepen	Plug Back Same Re	s'v. Diff. Res'v.
	Date Spudded	Date Compl. F	Ready to Prod.	Total Depth		P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	ucing Formation	Top Oil/Gas Pay		Tubing Depth	
	Perforations					Depth Casing Shoe	
	HOLE SIZE	I	UBING, CASING, AND	CEMENTING REC			
						SACKS CEI	MENI
	TEST DATA AND REQUEST I	FOR ALLOWA		fter recovery of total v pth or be for full 24 ho	olume of load oil a	and must be equal to or	exceed top allow-
j	Date First New Oil Run To Tanks	Date of Test	ante joi titta de	Producing Method (F		t, etc.)	
	Length of Test	Tubing Pressu	re	Casing Pressure	 	Choke Size	
	Actual Prod. During Test	Oil-Bbls.		Water - Bbls.	1,	Gas-MCF	
I,	GAS WIDT T			<u> </u>	· · · · · · · · · · · · · · · · · · ·		<u></u>
ſ	GAS WELL Actual Prod. Test-MCF/D	Length of Test		Bbis. Condensate/MN	CF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressu	re (Shut-in)	Casing Pressure (Sh	nt-in)	Choke Size	
L VI. (CERTIFICATE OF COMPLIAN	ICE		OIL	CONSERVA	TION COMMISSION	
1	hereby certify that the rules and	regulations of t	the Oil Conservation	APPROVED	JUL	7 1978	19
(Commission have been complied above is true and complete to the	with and that t	the information given	BYOrigina	Signed by FRA	SAN I CHAVEZ	
		Sig osá <i>-</i> 37		TITLE DEPUT	Y OIL & GAS IN	Specior, dist. #3	
_	E. E. SV	9 8442		If this is a re	quest for allows	ompliance with RULE	d or deepened
_	(Sign Area Administra	atwe)	visor	well, this form mu tests taken on the	st be accompani well in accord	led by a tabulation of ance with RULE 111	the deviation
-	(Ti	ile) /78	7.4004	able on new and	recompleted well		
-		ate)		Fill out only well name or numb	Sections I, II, er, or transporte	III, and VI for chang, or other such chang	ges of owner, e of condition.

STATE OF NEW MEXICO

OIL CONSERVATION DIVISION P. O. UO X 2088 SANTA FE, NEW MEXICO 87501

LAND OFFICE	REQUEST FO	OR ALLOWABLE	
OPERATOR	•	AND SPORT OIL AND NATURAL GAS	
PROBATION OFFICE			
Amoco Production Compa	iny		
Address			
501 Airport Drive, Far Resson(s) for filing (Check proper b		Other (Please explain)	
New Well	Change in Transporter of:	one (was explain)	•
Recompletion	OII X Dry C	ios 🔲	
Change in Ownership	Castnghead Gas Conde	ensate	
If change of ownership give name and address of previous owner			
DESCRIPTION OF WELL AN			
U.S.G. Section 18	Well No. Pool Name, Including I 27 Hogback Dakot	· · · · · · · - ·	Cadae (40.
Location	27 Hogback Jakot	.a ottor, redi	red or Fee Indian I-89-IND-58
Unit Letter N : 1	65 Feet From The South Li	ne and 2475 Feet From	The West
Line of Section 18	Township 29N Range 1	6W , NMPM, Sa	an Juan County
DESIGNATION OF TRANSPO	RTER OF OIL AND NATURAL G	AS	
Name of Authorized Transporter of C	Oil 🛣 or Condensate 🗀		roved copy of this form is to be sent)
Giant Refinery		P.O. Box 256, Farming	
Name of Authorized Transporter of C	Casinghead Gas Or Dry Gas O	Address (Give address to which app	roved copy of this form is to be sent).
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. J 19 29N 16W	Is gas actually connected?	/hen
If this production is commingled a COMPLETION DATA	with that from any other lease or pool,	give commingling order number:	
Designate Type of Complete	ion - (X) Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
Flores (DF DW)			·
Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth
Perforations			Depth Casing Shoe
	THRING CASING AND	D CEUCUTIUS DESCRIP	
- HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD DEPTH SET	SACKS CEMENT
			JACKS CEMER 1
		4	
TEST DATA AND REQUEST I		feer recovery of total volume of load of pth or be for full 24 hows)	land must be equal to or exceed top allow
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas	16 P
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
			00,2 - 6 -
Actual Prod. During Test	Oil-Bbis.	Water-Bbis.	Gas-MCF
			OIL CON
GAS WELL			DIST. 5
Acisel Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Presewe (Shut-in)	Cosing Pressure (Shut-in)	Choke Size
ERTIFICATE OF COMPLIAN	ICE	OIL CONCEDUA	TION DIVISION
		OIL CONSERVA	1983
	regulations of the Oil Conservation	APPROVED	, 19
)ivision have been complied with bove-is true and complete to the	he best of my knowledge and belief.	BY Original Signed by FRAN	
		TITLE SUPERVE	SOR DISTRICT 第 3
Outstand Time of By		This form is to be filed in	compliance with RULE 1184.
3		III AA	wable for a newly drilled or deepens
· · · · · · · · · · · · · · · · · · ·	netwe)	tests taken on the well in esc	ordense with rube 1114 man housidesignic strong results. Sterk
District Administrati	Title)	able on new and recompleted	wojie,
10-20-83	(Date)		II. III, and 45 for change of cundition
	v	••	

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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	TAS				
OPERATOR					
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OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Pevised 10-01-78 Format 06-01-83 Page 1

REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT DIL AND NATURAL GAS

I. AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL GAS
Operator	
Amoco Production Company	
FOI Aimport Drive Fermington NN 07401	N Es C
501 Airport Drive Farmington, NM 87401	Other (Please explan) NOV 2 0 1984
New Well Change in Transporter of:	
Secondarios V au	OTY COR OIL CON. DIV.
Change to Company to	Condensers DIST. 3
	DIST. V
If change of ownership give name address of previous owner	
II DESCRIPTION OF WITH AND TRACE	
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including	
USG Section 18 27 Hogback Dakot	Indian-16, his Legae No.
Location 20 127 Hogback Bakot	State, Federal or Fee I-89 IND-58
Unit Letter N : 165 Feet From The South Li	2475
. 100 Feet From The SOUCH	ine and 2475 Feet From The West
Line of Section 18 Township 29N Range	16W NMPM San Juan
H. Drawn	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA Name at Authorized Transporter of OIL or Condensate	L GAS
	Andress (Give address to which approved copy of this form is to be sent)
Permian Corp. Permian (Eff. 9 / 1 /87) Name Corp thorized Transporter of Casinghead Gas or Dry Gas	P. O. Box 1702 Farmington, NM 87499
a biy cas	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, Unit Sec. Twp. Rgs.	Is gas actually connected? When
give location of tanks. J 19 29N - 16W	, men
If this production is commingled with that from any other lease or pool,	give commingling order number
NOTE: Complete Parts IV and V on reverse side if necessary.	The state of the s
to 12. Complete Land IV and V on reverse state if necessary.	
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISORY
I hereby certify that the rules and regulations of the Oil Conservation Division have	
been complied with and that the information given is true and complete to the best of	APPROVED 19
my knowledge and belief.	BY
_ /	SUPERVISOR DISTRICT # 3
$O \sim C I$	TITLE
B Whaw	This form is to be flied in compliance with RULE 1104.
(Signature)	If this is a request for slipwable for a popular delited
Admin. Supervisor	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
(Tule)	All sections of this form must be filled out sometimes to
11-8-84	note on new and recompleted wells.
(Date)	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 filled for each pool in multiply completed wells.
"	Soundtaind Malia.

	UNITED STATES ARTMENT OF THE INTER JREAU OF LAND MANAGEMEI		THE COLLEGE DESIGNATION AND BERIAL NO I-89-IND-58
SUNDRY I	NOTICES AND REPORTS proposals to drill or to deepen or plus PELICATION FOR PERMIT—" for such	ON WELLS	Navajo Tribal
OIL GAB OT	RFL		7. UNIT AGREEMENT NAME
2. NAME OF OPERATOR			8. FARM OR LEASE HAMS
TIFFANY GAS COMPA 8. ADDRESS OF OPERATOR	NY		USG Section 18
P.O. Drawer 3307 Location of well (Report location of well (Report location space 17 below.) At surface	- Farmington, NM 87499 atlon clearly and in accordance with an	ny State requirements.*	27 10. FIRLD AND POOL, OR WILDCAT Hogback Dakota 11. SEC. T. R. M. OR BLK. AND
165' FSL	, & 2475' FWL		SURVEY OR AREA
14. PERMIT NO.	15. ELEVATIONS (Show whether	DF, BT, GR, etc.)	Sec.18, T29N, R16W 12. COUPTY OR PARISE 18. STATE
	4996' GR, 49	99' DF	San Juan NM
16. Chec	k Appropriate Box To Indicate	Nature of Notice, Report, o	r Other Data
NOTICE OF	INTENTION TO:	8038	REQUENT REPORT OF:
TEST WATER SHUT-OFF	PULL OR ALTER CASING	WATER SHUT-OFF	REPAIRING WELL
PRACTURE TREAT	MULTIPLE COMPLETE	PRACTURE TREATMENT	ALTERING CASING
SHOOT OR ACIDIZE	ABANDON®	SHOOTING OR ACIDIZING	TBYKOONMERAL.
(Other)	CHANGE PLANS	(Other) (Norm: Report rest	ults of multiple completion on Well supletion Report and Log form.)
be taken with the	studing the Hogback Dake Shut-in Wells. Equest Permission for Lo		··
_ <u></u>		R	ECEIVED AUG2 4 1988
BLM MAIL ROOM 88 AUG 18 PH 1: 26 FARMINGTON RESOURCE AF	EdiS APPROVAL	EXPIRES AUG 22 198	DIL CON. DIV DIST. 2
h. I hereby ceryly that the foreg		Agent	APPROVED DATE 8/15/88
(This space for Federal or Sta	te office use)		41/2
APPROVED BYCONDITIONS OF APPROVAL	, IF ANY:		AUG 22 1988
	*Con Instruction	ns on Roverse Side	PAREA MANAGER PAREMETON RESOURCE AREA

Title 18 U.S.C. Section 1001, makes it a crime for any person knowingly and willfully to make to any department or agency of the United States any false, fictitious or fraudulent statements or representations as to any matter within its jurisdiction.

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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UPERATOR				
PRORATION OF	ICE			

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 08-01-63

	g A B		_			REQUEST FO	R ALLOY	VABLE				
PRORATION OF		-	\dashv			A	MD				CEIN	l E IIII
1				. ,	NOHTUA	IIZATION TO TRANS	PORT OF	L AND NATU	IRAL GA	s D)	Ro Fra	י עון די
Operator				·		·					-	<u></u>
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Address	ury G	a 5	CO	<u> </u>					, 		CON	DW.
	Pov	EΛ	17	i	- 3734	07400					COM	DIA.
Resson(s) for I				armington	1, NM	87499		T = ''			Tain	<u> </u>
New Well	iiing (C	755	i pro		CL			Other (Please	e expiainj		D.O.	
7=1				ì		Transporter of:	_	1.		•		
Recompleti		L		ì	┥┉.		ry Gas	ļ				
X Change in	Owners	nip			Cael	nghead Gas C	ondensate	<u> </u>				
lf change of ov and address of	vnershi previo	p gi	ve :	Amoco	Prod	luction Co., 50	l Airp	ort Drive	, Farn	mington,	NM 87401	· · · ·
II. DESCRIPI	ION (OF Y	VEI								·····	
Lease Name				ŀ	Well No.	Pool Name, Including F	otwallou		Kind of			Lease No.
USG Sec	tion	18	<u> </u>		27	Hogback Dakot	a		Sidle, F	ederal or Fee	Indian	I-89-IND-
Unit Letter_	Unit Letter No. : 165 Feet From The South Line and 2475 Feet From The West											
Line of Sect	lan -	18		Township		29N Range	16W	, NMPM	. San	ı Juan		County
Name of Author Permian Name of Author To be ve	corp.	ane p	orter	oi Oii 🔼	or Co	OII. AND NATURAL pndensate or Dry Gas	Address (Box 1702,	Farmi	ington, Ni	of this form is to M 87499 of this form is to	
If well produces	oll or	liqui	lde.	Unit	, Sec.	Twp. Rgs.	18 ase ac	tually connect	ed 7	When		
give location of			,	. 0	! 18	29N 16W		.11	·•	!		
<u>-</u>						y other lease or pool, ide if necessary.	give comm	.ţ	•		•	
hereby certify th	TI. CERTIFICATE OF COMPLIANCE thereby certify that the rules and tegulations of the Oil Conservation Division have een complied with and that the information given is true and complete to the best of the best of the control of the Oil Conservation Division have even to applied a end belief											
	n			_			TITLE	·		\$Ù₽	PENVISOR DISTR	ICT 📆 🤰
Producti	on Si	ipe	rvi	(Signature) isor	1/		If the test of the	this is a requ his form must sken on the	est for s be scco vell in s this form	illowable for a mpanied by a ecordance with must be fille	tabulation of th RVLE 111	d or deepened the deviation
12/06/88				(Date)			FII	I aut only "	ections l	l. II. III. and	. VI for cheng	ges of owner, of condition.
				1~7		11				•	_	

Separate Forms C-104 must be filed for each pool in multiply completed wells.