

NO. OF COPIES RECEIVED	5
DISTRIBUTION	
SANTA FE	/
FILE	/
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	/
PROMOTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

API 30-045-23569

I. Operator
Amoco Production Company

Address
501 Airport Drive Farmington, NM 87401

Reason(s) for filing (Check proper box) Other (Please explain)

New Well Change In Transporter of:
 Recompletion Oil Dry Gas
 Change In Ownership Casinghead Gas Condensate

If change of ownership give name and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name Likens Gas Com "A"	Well No. 3E	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location Unit Letter <u>J</u> ; <u>2040</u> Feet From The <u>South</u> Line and <u>1790</u> Feet From The <u>East</u> Line of Section <u>34</u> Township <u>30N</u> Range <u>9W</u> , NMPLM, <u>San Juan</u> County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Plateau, Inc.	4775 Indian School Road, NE Albuquerque, NM 87111
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
El Paso Natural Gas Company	P.O. Box 990, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	No Approximately 30 days

If this production is commingled with that from any other lease or pool, give commingling order number: _____

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 7/14/79	Date Compl. Ready to Prod. 10/22/79	Total Depth 7057	P.B.T.D. 7051					
Elevations (DF, RKB, RT, GR, etc.) 5716' GL	Name of Producing Formation Dakota	Top Oil/Gas Pay 6734	Tubing Depth 6957					
Perforations 6844-6864', 6932-6944', 6952-6964', 6734-6760'						Depth Casing Shoe 7051		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT					
12-1/4"	8-5/8", 24.0#	325	240 sx					
7-7/8"	4-1/2", 10.5#	7051	450 sx					
	2-3/8", 47.0#	6957						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL

Actual Prod. Test - MCF/D 2188	Length of Test 3 hrs	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 1480	Casing Pressure (shut-in) 1615	Choke Size .75

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.

Original Signed By
E. E. SVORODA
(Signature)
District Administrative Supervisor
(Title)
11/19/79
(Date)

OIL CONSERVATION COMMISSION

NOV 20 1979

APPROVED _____, 19____
Original Signed By L. B. Kendrick
BY _____
TITLE _____

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 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.