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U.S.G.S.				
LAND OFFICE				
TRANSPORTER	ORTER OIL			
THANS, ON ER	GAS	/		
OPERATOR				
PRORATION OFFICE				

SANTA FE	t .	NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 PEOLIEST FOR ALL OWARLE Supersedes Old Called and Control of the Control of			
FILE /	L COUES	REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Supersedes Old C-104 and C-1. Effective 1-1-65			
U.S.G.S.	AUTHORIZATION TO TR				
LAND OFFICE					
TRANSPORTER GAS /					
OPERATOR /					
PRORATION OFFICE					
Operator AMOCO PRODICE	TON COMPANY				
Address	TION COMPANY				
	Drive, Farmington, New Me	exico 87401			
Reason(s) for filing (Check proper b		Other (Please expla	in)		
New Well	Change in Transporter of:				
Recompletion Change in Ownership	Oil Dry C	ensate			
Change in Ownership	Custingheda Gus [_] Cond	ensute			
If change of ownership give name and address of previous owner					
and address of previous owner					
Legse Name	D LEASE Well No. Pool Name, Including	Formation Kind	of Lease No.		
Mt. Ute Gas Com "A"	1 Ute Dome Para		of Lease No. Federal or Fee Federal I-22-IND-6		
Location	1 ore pome rare	idox	1000102 1 20 2010 0		
Unit Letter G ;	2270 Feet From The North L	ine and 1700 Fee	et From The East		
		_			
Line of Section 3	Township 31 North Range	14 West , NMPM,	San Juan County		
DESCRIPTION OF SERVICES	DEED OF OU AND NATURAL O	AC			
Name of Authorized Transporter of	RTER OF OIL AND NATURAL G		h approved copy of this form is to be sent)		
	_				
Name of Authorized Transporter of	Casinghead Gas or Dry Gas X	Address (Give address to which	h approved copy of this form is to be sent)		
El Paso Natural Gas	Comp any	P. O. Box 990, Fa	rmington, New Mexico 87401		
If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected?	When		
give location of tanks.			<u> </u>		
	with that from any other lease 🏩 pool	, give commingling order numb	er:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover Dec	epen Plug Back Same Res'v. Diff. Res'v		
Designate Type of Comple	tion = (X)	x			
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
5-4-71	7-6-71	84651	8429 1		
Elevations (DF, RKB, RT, GR, etc.	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
GL 6038, RDB 6052,	Paradox	82741	8379 Depth Casing Shoe		
8274-8288*			84651		
0214 0200	TUBING, CASING, AN	ID CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
15"	10-3/4"	600'	450		
7-7/8"	5-1/2" 2-7/8"	8465° 8379°	1150		
	2-1/8	03/9			
TEST DATA AND REQUEST	FOR ALLOWARLE. (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	iepth or be for full 24 hours)			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump	o, gas lift, etc.)		
	Tuhing Personne	Casing Pressure	Choke She		
Length of Test	Tubing Pressure	Casing Presente	0.004		
Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas MCF		
1			and the JOIL		
			OIL CON. COM		
GAS WELL	Length of Tool	Phle Condensate Agree	Gravity of Condensate		
Actual Prod. Test-MCF/D 4128 (AOF 4681)	Length of Test 3 hrs.	Bbls. Condensate/MMCF	Gravity of Condensate		
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
Back Pressure	1690	1113	0.750"		
. CERTIFICATE OF COMPLIA	NCE	OIL CONS	SERVATION COMMISSION		
			AUG 1 0 197		
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.		APPROVED	BY_Original Signed by Emery C. Arnold		
		By Original Sign			
		GIIDWD V	ISOR DIST. #3		
ORIGINAL SYSNED BY D. A. WANYAN (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.			
			Title)	All sections of this able on new and recompl	form must be filled out completely for allow- eted wells.
·	1971	Fill out only Section	ns I. H. III. and VI for changes of owner,		
	(Date)	well name or number, or to	ansporter, or other such change of condition		

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