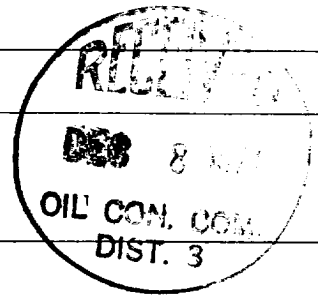


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NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

Operator AMOCO PRODUCTION COMPANY	
Address 501 Airport Drive, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
New Well <input checked="" type="checkbox"/>	Change in Transporter of:
Recompletion <input type="checkbox"/>	Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/>
Change in Ownership <input type="checkbox"/>	Casinghead Gas <input type="checkbox"/> Condensate <input type="checkbox"/>
If change of ownership give name and address of previous owner	



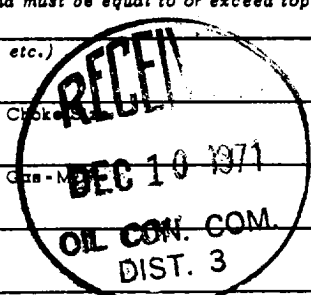
Lease Name Ute Mountain Tribal "D"	Well No. 3	Pool Name, Including Formation Ute Dome Dakota	Kind of Lease Federal	Lease No. 14-20-604-79
Location				
Unit Letter F	1530	Feet From The North	Line and 1980	Feet From The West
Line of Section 10	Township 31-N	Range 14-W	, NMPM, San Juan County	

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>		Address (Give address to which approved copy of this form is to be sent)		
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, New Mexico 87401		
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Ege.
				Is gas actually connected? No

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

Designate Type of Completion - (X)		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>					
Date Spudded 9-17-71	Date Compl. Ready to Prod. 12-2-71	Total Depth 3125'		P.B.T.D. 3049'					
Elevations (DF, RKB, RT, CR, etc.) GL 6371', KB 6382'	Name of Producing Formation Dakota	Top Oil/Gas Pay 2810'		Tubing Depth 3002'					
Perforations 2920-2950' & 2992-2996 x 2 SPF, 3008-3010' x 3 SPF				Depth Casing Shoe 3093'					
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
11"	8-5/8"		345'		200				
7-7/8"	5-1/2"		3093'		500				
	2-3/8"		3002'						

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 4913 (AOF 12,454)	Length of Test 3 hrs.	Bbls. Condensate/MMCF -	Gravity of Condensate -
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (shut-in) 792	Casing Pressure (shut-in) 797	Choke Size 0.750"

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 D. A. WATSON (Signature)	
Area Engineer (Title)	
December 7, 1971 (Date)	

OIL CONSERVATION COMMISSION	
APPROVED DEC 10 1971 , 19	
BY Original Signed by Emery C. Arnold	
TITLE SUPERVISOR DIST #3	
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.	