			<i>L</i> -
DISTRIBUTION		4	
SANTA FE		/	
FILE		1	
U.S.G.S.		†	
LAND OFFICE			
TRANSPORTER	OIL		
	GAS	1	
OPERATOR		1	
PRORATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE

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

	U.S.G.S. LAND OFFICE TRANSPORTER OIL GAS / OPERATOR /	AUTHORIZATION TO TR	AND ANSPORT OIL AND	NATURAL G	AS			
l.	PRORATION OFFICE Operator							
	AMOCO PRODUCTION COMPANY							
	Address 501 Airport Drive	, Farmington, New Mexic	n 87401					
	Reason(s) for filing (Check proper box)		Other (Plea	se explain)				
	New Well	Change in Transporter of: Oil Dry G						
	Recompletion Change in Ownership	Oil Dry Go Casinghead Gas Conde						
	If change of ownership give name and address of previous owner							
II.	DESCRIPTION OF WELL AND I					,_		
	Caneple Gas Com "B"	Well No. Pool Name, Including F 1 Blanco Pictu		Kind of Lease State, Federal	or Fee	Lease No.		
	Location Unit Letter P ; 1190			Feet From T	heEast	J		
		makin 21N Banas	3 3 7 7 N. C.		Y			
	Line of Section 13 Tow	rnship 31N Range	11W , NMF	M, San	Juan	County		
III.	DESIGNATION OF TRANSPORT			e to which approve	ed copy of this form is to	ha conti		
	Name of Authorized Transporter of Oil	or condensate	Address (Othe dates	s to which approve	ed copy of this form is to	ve sent)		
	Name of Authorized Transporter of Cas	inghead Gas or Dry Gas 🛣	Address (Give addres	ed copy of this form is to	be sent)			
	El Paso Natural Gas Co	mpany Unit Sec. Twp. Rge.	Box 990, Far Is gas actually conne		w Mexico 87401			
	If well produces oil or liquids, give location of tanks.		No					
	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA OII Well Gas Well New Well Workover Deepen Plug Back Same Resty, Diff, Resty,							
	Designate Type of Completio		THE WEST HOLKOVE	Beepen	Fring Buck Suite Hes	. Din. Res.v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.	!		
	11-29-71 Elevations (DF, RKB, RT, GR, etc.)	2-14-72 Name of Producing Formation	2569' Top Oil/Gas Pay	· · · · · · · · · · · · · · · · · · ·	2533 [†] Tubing Depth			
	GL 5733', KB 5744'	Pictured Cliffs	2432'		23681			
				Depth Casing Shoe				
			D CEMENTING RECO	CEMENTING RECORD				
	HOLE SIZE	CASING & TUBING SIZE	DEPTH		SACKS CEM	ENT		
	11" 7-7/8"	8-5/8" 4-1/2"	236¹ 2569¹		225 450			
	7-770	2-3/8"	2368'					
	Packer SA 2360'							
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		CHILLAND			
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size			
	Actual Prod. During Test	Oil-Bbls.	Water-Bbls.		Gas MCF	-014		
		<u> </u>	 	OIL CON	3			
	GAS WELL	I wash of Tool	Phia Condensate AA		Gravity of Condensate	. 3/		
	Actual Prod. Test-MCF/D 1672 (AOF 2519 MCFD)	Length of Test 3 hr.	Bbls. Condensate/MM	iCr	Gravity of Condensate			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Sh	at-in)	Choke Size			
	Back Pressure	929	0		0.750			
VI.	CERTIFICATE OF COMPLIANO	CE	OIL		TION COMMISSION	l		
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED, 19, 19					
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.			By Original Signed by Emery C. Arnold					
			TITLESUPERVISOR DIST. #3					
	Original Signed by		 	to be filed in a	ompliance with RULF	1104.		
	J. ARHOLD STREEL		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					
	(Signature)		well, this form my tests taken on th	ist be accompan e well in accord	tied by a tabulation of lance with RULE 111	the deviation		
	Area Engineer (Title)			of this form mus	t be filled out comple			
	July 7, 1972	E:st and only	Cantings T TT	III, and VI for chan en or other such chang	ges of owner,			
	(Date)					- or condition.		

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