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TRANSPORTER	OIL	<u> </u>	
	GAS	1	
OPERATOR		/	

Form C-104 Supersedes Old C-104 and C-110

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS PRORATION OFFICE Operator AMOCO PRODUCTION COMPANY Address 501 Airport Drive, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) Other (Please explain) X New Well Change in Transporter of: Dry Gas Change in Ownership Casinahead Gas Condensate If change of ownership give name and address of previous owner ____ II. DESCRIPTION OF WELL AND LEASE Vell No. Pool Name, Including Formation Kind of Lease Federal Lease No. Ute Mountain Tribal "J" State, Federal or Fee 1 14-20-604-78 Ute Dome Dakota Est. Location 2460 Feet From The South Line and 1830 West Feet From The Range 1 31-N 14-W , NMPM, Line of Section Township San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

| Name of Authorized Transporter of Oil | or Condensate | | Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Casinghead Gas ____ or Dry Gas 🗶 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 When Rge. Twp. Is gas actually connected? Unit If well produces oil or liquids, give location of tanks. If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Workover Oil Well Gas Well New Well Deepen Plug Back Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Compl. Ready to Prod. Total Depth P.B.T.D. Date Spudded 2576° 12-1-72 10-18-72 2613' Elevations (DF, RKB, RT, GR, etc.) Top Oil/Gas Pay Tubing Depth Name of Producing Formation 6031' GL, 6045' KB 2369-2483 2515' Dakota Depth Casing Shoe Perforations 2613' 2369-71, 2399-2403, 2408-12, 2424-27, 2450-53, $2481-83 \times 1$ SPF TUBING, CASING, AND CEMENTING RECORD SACKS CEMENT CASING & TUBING SIZE DEPTH SET HOLE SIZE 12-1/4" 3191 8-5/8" 200 sx 5-1/2" 2613' 7-7/8" 525 sx Tbg. 2-3/8" 2515 (Test must be after recovery of total volume of load oil and must be earlief or this depth or be for full 24 hours) V. TEST DATA AND REQUEST FOR ALLOWABLE Producing Method (Flow, pump, gas lift, etc.) Date First New Oil Run To Tanks Date of Test DEC -7 1912 Casing Pressure Tubing Pressure Length of Test OIL CON. COM Oil-Bbls. Water - Bbls. Actual Prod. During Test Gas 7člo **GAS WELL** Bbls. Condensate/MMCF Gravity of Condensate Length of Test Actual Prod. Test-MCF/D 3 hr. 1325 Casing Pressure (Shut-in) Choke Size Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) 377 0.750" Back Pressure 458 OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE 7 1972 DEC APPROVED_ 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 Emery C. Arnold SUPERVISOR DIST. #3 TITLE This form is to be filed in compliance with RULE 1104. Original Signed by J. ARHOLD SNELL 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. (Signature) All sections of this form must be filled out completely for allowable on new and recompleted wells. Area Engineer (Title) December 4. 1972

(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 filed for each pool in multiply completed wells.

