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Form C-104

NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-110 Effective 1-1-65 AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS **Operator** AMOCO PRODUCTION COMPANY Address 501 Airport Drive, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) Other (Please explain) OIL CON. COM. X New Well Change in Transporter of: DIST. 3 Recompletion OH 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 Well No. Pool Name, Including Formation Kind of Lease Lease No. Ute Indians "A" 8 Ute Dome Paradox State, Federal or Fee I-22-IND-619 Federal Location North Line and _ 1650 1650 Feet From The East Unit Letter Feet From The Line of Section 34 Township 32N 14W Range NMPM, 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 Twp. Is gas actually connected? 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 Oil Well Gas Well New Well Workover Deepen Plug Back | Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Total Depth 3-25-71 6-14-71 8371' 8331' Elevations (DF, RKB, RT, GR, etc.) Name of Producing Formation Top Oil/Gas Pay Tubing Depth Paradox GL 5935, KB 5948 7696 8172' Depth Casing Shoe 7696-7710, 7810-34, 7886-7910, 7958-80, 8158-88, 8208-20, 8240-58, & 8371' TUBING, CASING, AND CEMENTING RECORD 8284-8314 x 1 SPF HOLE SIZE CASING & TUBING SIZE DEPTH SET SACKS CEMENT 15" 10-3/4" 5951 550 5-1/2" 7-7/8" 8371' 1800 8172' 2-7/8" V. TEST DATA AND REQUEST FOR ALLOWABLE (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) OIL WELL 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 Oil-Bbis. Water - Bbls. Actual Prod. During Test Gas - MCF **GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate 6228 (AOF 8826) 3 hrs. esting Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size Back Pressure 1619 1360 0.750" OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE JUN 1 8 1971 APPROVED_ ., 19 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 Linery C. Arnold SUPERVISOR DIST. #5 TITLE ORIGINAL ROPES BY 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. (Signature) Area Engineer All sections of this form must be filled out completely for allowable on new and recompleted wells. (Title) June 16, 1971

Fill out only Sections I. II. III, and VI for changes of owner, sell 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.