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	OPERATOR		•		
	PRORATION OFFICE				
	Operator				
	AMOCO PRODUCTION				
	Address				
	501 Airport Dri				
	Reason(s) for filing (Check proper box)				
	New Well	XX			
	Bassanlattes				

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

NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS N COMPANY ve, Farmington, New Mexico 87401 Other (Please explain) 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 Well No. Pool Name, Including Formation Kind of Lease Legse No. Indi an Navajo Tribal "U" State, Federal or Fee 24 Tocito Dome Pennsylvanian D <u>14-20-603-5034</u> Location Feet From The West Line and 2100 Unit Letter \_ : <u>\_ 540</u>\_ Feet From The South Township 26-N Range 18-W , NMPM, San Juan III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil R or Con Plateau, Inc.
Four Corners Pipeline Company
Name of Authorized Transporter of Casinghead Gas KX Address (Give address to which approved copy of this form is to be sent) or Condensate P. O. Box 108, Farmington, New Mex. P. O. Box 1588, Farmington, New Mex. Address (Give address to which approved copy of this form to Amoco Production Company 501 Airport Drive, Farmington, New Mex. 87401 P.ge. Is gas actually connected? Twp. Unit Sec. If well produces oil or liquids, give location of tanks. Α 20 26N: 18W Yes 4-4-75 If this production is commingled with that from any other lease or pool, give commingling order number: CTB-123 IV. COMPLETION DATA Back Same Res'v. Diff. Res'v. Gas Well Designate Type of Completion - (X) X X A B.T Date Compl. Ready to Prod. Total Depth 6445 2<del>-14-75</del> 6490 <u>4-4-75</u> Name of Producing Formation Top Oil/Gas Pay Elevations (DF, RKB, RT, GR, etc.) pth 5745 GL Penn. "D" 6333 6410' S Perforations sing Shoe 6486 6344-6352', 6354-6357' x 3 SPF TUBING, CASING, AND GEMENTING RECORD CASING A, TURING SIZE I W 12 13+3/8" APR 1 7 1975 SACKS CEMENT DEPTH SET HOLE SIZE 17-1/4" 124 140 sx 12-1/4" 1493 600 sx 8-3/4" 6486 1375 sxV. TEST DATA AND REQUEST FOR ALLOWABLE CORNERY ATION COMM.

OIL WELL

Date First New Oil Run To Tanks

Date of Test

Date of Test Date First New Oil Run To Tanks Producing Method (Flow, pump, gas lift, etc.) Date of Test 4-5-75 4-5-75 Pumping Casing Pressure Choke Size Length of Test Tubing Pressure 24 hrs. Oil-Bbls. Water - Bbls. Gas - MCF Actual Prod. During Test 325 254 71 2270 160 A. Dev. or GAS WELL Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate Testing Method (pitot, back pr.) Tubing Pressure (Shut-in) Casing Pressure (Shut-in) Choke Size OIL CONSERVATION COMMISSION VI. CERTIFICATE OF COMPLIANCE 1075 eig 1075 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. BY Click! SUPERVISOR DIST. #3 This form is to be filed in compliance with RULE 1104.

(Signature Area Superintendent (Title)

April 7, 1975

(Date)

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, rell 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.