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NEW WEXICO DIL CONSERVATION COMMISSION

	SANTA FE / FILE / -	AUTHO	NEW WEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS			Form C-104 Supersedes Old C-104 and C-11 Effective 1-1-65		
I.	TEANSPORTER OIL / GAS / OFERATOR / PRORATION OFFICE	TER OIL / GAS /						
	AMOCO PRODUCTION COMPANY							
	Address							
	Reason(s) for filing (Check proper box)				Other (Please explain)			
	New Well Recompletion Change in Ownership	Change in Oil Casinghed	Transporter of: Dry G d Gas Conde		To change name Southern Union of New Mexico.	of gas transporter from Gas Company to Gas Company		
	If change of ownership give name and address of previous owner							
II.	DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, Including Formation Kind of Lease Lease No.							
	Jicarilla Contract 77 1 Basin Dako			State, Federal or Fee Indian 77				
		10 Feet From	n The <u>North</u> Lin	ne and	930 Feet Fro	om The West		
	Line of Section 15 To	ownship 23N	Range	5W	, NMPM,	tio Arriba County		
III.	DESIGNATION OF TRANSPOR		AND NATURAL GA		Give address to which an	proved copy of this form is to be sent)		
	Plateau, Inc.			P. O.	Box 108, Farmin	gton, New Mexico 87401		
	Name of Authorized Transporter of Ca Gas Company of New Mex		or Dry Gas 🛣			proved copy of this form is to be sent) Afield, New Mexico 87413		
	If well produces oil or liquids, give location of tanks.	Unit Sec.	Twp. Rge.	Is gas ac		When 10-25-75		
IV.	If this production is commingled with COMPLETION DATA	ith that from any	other lease or pool,	give comm	ningling order number:			
	Designate Type of Completi		ll Well Gas Well	New Well	Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.) th	P.B.T.D.		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Produ	cing Formation	Top Oil/0	Gas Pay	Tubing Depth		
	Fer orations					Depth Casing Shoe		
	HOLE SIZE		UBING, CASING, AN	CEMENT	ING RECORD	SACKS CEMENT		
	40C2 31ZE	CASING & TOBING SIZE				SACKO CEMENT		
V.	TEST DATA AND REQUEST F	OR ALLOWA	BLE (Test must be a able for this de	fter recover	y of total volume of load of full 24 hours)	oil and must be equal to or exceed top allow-		
	Date First New Oil Run To Tanks			Producing Method (Flow, pump, gas lift, etc.		· lift, etc.)		
	Length of Test	Tubing Pressu	·•	Casing Pr	essure	Choke Size		
	Actual Prod. During Test	Oil-Bbls.		Water - Bb	ls.	Gas-MOF DIST. 3		
	GAS WELL							
	Actual Prod. Test-MCF/D	Length of Test		Bbls. Con	densate/MMCF	Gravity of Condensate		
	Testing Method (pitot, back pr.)	Tubing Pressur	• (Shut:-in)	Casing Pr	essure (Shut-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIAN	CE				VATION COMMISSION		
	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.			APPROVED OCI 2 8 1976, Kendrick 19				
				TITLE SUPERVISOR DIST. #3				
				This form is to be filed in compliance with RULE 1104.				
	(Sign	ature)	/2	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.				
	Area Adm. Supvr.			A11	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.			
	October 27, 19	, 1976						
	(De	ate)		Merr um		- to filed for each seal is multiply		

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