Address	MOCO I	ROD	UCT	
Operator				
PRORATION OF	FICE			
OPERATOR	,			
TRANSPORTER	GAS	1		
PANSPORTER	OIL			
LAND OFFICE				
U.S.G.S.				
FILE				
SANTA FE	_/			
DISTRIBUTI	ON			
NO. OF COPIES REC	4			

	BISTRIBUTION SANTA FE / FILE / U.S.G.S.	REQUEST	CONSERVATION COMMISSION FOR ALLOWABLE AND ANSPORT OIL AND NATURAL G	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
3.	PROPERTION OFFICE Operator AMOCO PRODUCT	ION COMPANY		OFILITA		
	Address 501 Airport D Reason(s) for filing (Check proper box) New Well Recompletion Change in Ownership If change of ownership give name and address of previous owner	Change in Transporter of: Oil Dry Go Casingheau Gas Conde	Other (Please explain)	OIL CON. CCM		
11.	DESCRIPTION OF WELL AND I	4 South Blanco P	ctured Cliffs State, Federal	Federal Legse No. or Fee Jic. Contract 148 The West		
111	Line of Section 13 Tow	nship 25-N Range CER OF OIL AND NATURAL G	5-W , NMPM, Ri	o Arriba County		
	Name of Authorized Transporter of Oil	or Condensate	Address (Give address to which approx			
	If well produces oil or liquids,	Unit Sec. Twp. Rge.	Is gas actually connected? Whe			
	give location of tanks. If this production is commingled wit	h that from any other lease or pool,	<u> </u>			
IV.	COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.		
	Designate Type of Completio	Date Compl. Ready to Prod.	Total Depth	P.3.T.D.		
	Elevations (DI, RKS, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay	Tubing Depth		
	Perforations			Depth Casing Shoe		
			DEPTH SET	SACKS CEMENT		
	FOLE SIZE	CASING & TUBING SIZE	DEFTAGET			
		1				
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be able for this c	lepth or be for full 24 hours)	and must be equal to or exceed top allow-		
	Date First Nev Cit Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li			
	Length of Test	Tubing Pressure	Casing Pressure	Choze Size		
	Adrugi Prod. During Test	On-Bis.	Water - Bbls.	Gas-MCF		
	Actual Prod. Cost-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate		
	Testing Nethed pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI.	VI. CERTIFICATE OF COMPLIANCE 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 FEB 7 197	ATION COMMISSION		
			BY Original Signed by A. R. Kendrick DETROLEUM ENGINEER DIST: NO 3			
	Original S	igned by	TITLE	TITLE		

Original Signed by G. L HAMILTON

(Signature)

(Date)

(Title) December 28, 1973

Area Administrative Supervisor

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.

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.