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DISTRIBUTE	ON	!	
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U.S.G.S.			
LAND OFFICE	. ,		
TRANSPORTER	OIL	2	
	CAS		
OPERATOR		2	i
		-	•

March 20, 1974

(Date)

NEW MEXICO OIL CONLEGION TILLY COMMISSION

Form C-104

FILE	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65	
U.S.G.S.	The second secon	AND		
LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT DE AND NATURAL	_ GAS	
l on 2				
TRANSPORTER GAS				
OPERATOR 2				
PROPATION OFFICE				
Operator		THE ACT OF THE PARTY OF THE PAR		
AMOCO PRODUCT	CION COMPANY			
Address				
	Drive, Farmington, New Mex			
Reason(s) for filing (Check pioper b	ox i	Other (Flease explain)	four Corners Pipeline Co.	
New Well	Change in Transporter of	will continue t	o run as much oil as	
Recompletion	Dr. 34		lateau, Inc., will take	
Change in Ownership	Cosinghead Gas Couds	surplus on spot	sales basis.	
If change of ownership give game				
and address of previous owner				
	m. A co. A co.			
DESCRIPTION OF WELL AN	1) LEAS! Volume: Pow Name, including F	opening Kind of La	use federal Lease No.	
Navajo Tribal "U"	12 Tocito Dome F	·	erul or Fee 14-20-603-5034	
Location		COLUMN TO THE RESERVE TO THE PARTY OF THE PA	14-20-005-5054	
_	450.50	0050	**	
Unit Letter F	2050 Fact Fram. The North 11.2	se and 2050 Feet Fire	m The West	
Line of Section 21	Luwnship 26N Ronge	18W , NAPA.	Par Tues Commit	
Line of Section 21	Taxins ZOM Trende	18W , NKPM.	Satz Juan County	
DESIGNATION OF TRANSPO	RTER GEOM. AND NATURAL GA	\ \$		
Name of Authorized Transporter of Four Corners Pipeli:	Di X or Condensate	And use Give radius to which app	proved copy of this form is to be sent)	
Plateau, Inc., TSoot	e company Sales)	Box 1988, Farmington,	New Mexico 87401 New Mexico 87401 New Mexico 87401	
Name of Authorized Transporter of	Desinghade Gas : or Dry Gas =	As the City hadrens to which app	proved copy of this form is to be sent)	
If well produces oil or liquids,	onn Sec. Twp. Ege.		When:	
give location of tanks.	A 20 26N 18W	Yes	12-19-69	
f this production is commissible	with that com any other lease in pool,	oins a maine over number:	CTB-1.23	
COMPLETION DATA		4 00 4		
		New of Polksier Deepen	Plug Back Same Resty. Diff. Rest	
Designate Type of Comple	•		; ; 	
Date Spudded	Date Coupt, Ready to Prod.	ŽN — KA	F.B.T.D.	
Elevations (DF, EKB, FT, GR, etc.	, Name t Producing Cornation	per la fection de la companya de la	Tubing Depth	
Perforations			Depth Casing Shoe	
	WALLET TO THE TOTAL THE TOTAL TO THE TOTAL TOTAL TO THE T	M. (4) 35		
		D CSREATING SECORD	CARUS OFFICE	
HOLE SIZE	CASING & TUB:NG SIZE	DESTRICT TO SET	SACKS CEMENT	
		and a second sec		
	FOR ALLOWABLE (Test must be a able for thin of	•pch on se immind id schaa.		
OIL WELL Date First New Cil Run To Tanks		Proceed his of it our pump, gar	lift, etc.)	
Length of Test	Tehine Pressure	<u>್ ಇದರು ಸ್ಥಾಪಕ್ಕಿಸಲ್</u>	Choke Size	
Actual Prod. During Test	Ol: - 3' ls.	And the second of the second o	Gas-MCF	
	The second secon		OFFINA	
GAS WELL			/ KLGLIVIN	
Actual Prod. Test-MCF/D	Lengt: of Test	BBA CLET SEC WARDS	Cravity of Condensate	
	!		MAR OA SOSA	
Testing Method (pitot, back pr.)	Tubing Presew+(Shut-in)	Casting Presente (shut-in)	Choke Size	
			OIL CON COM	
CERTIFICATE OF COMPLIA	NCE	OIL CONSERVATION COMMESSION		
CHAVELL COLLEGE OF COME DEAL	- · - 	****	0 1974	
hereby certify that the rules and	d regulations of the Oil Conservation	Original Signed by mace,		
Commission have been complied	with and that the information given			
above is true and complete to t	he best of my knowledge and belief.	ST. ST.	SOR DIST. #5	
		TITLE		
// // ./	•		a compliance with mix a con-	
15/ Ham	At	The second secon	n compliance with RULE 1104. Swable for a newly drilled or deepend	
1 L 1 WW	Engture)	the train torm most be accord	panied by a tabulation of the deviation	
Area Administrative	Supervisor	leas taken on the well in acc	cordance with RULE !!!.	
		All most one of this form	must be filled out completely for allow	
(Title)		and on new and recompleted wells.		

All sections of this form must be filled out completely for allowable or new and recompleted wells.

Fill cut 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