NO. OF COPIES AFELINED 44 DISTRIBUTION SANTATE FILE U.S.G.S. LAND OFFICE	AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAS		Form C -104 Supersedes Old C-104 and C-110 Etincitive 1-1-65 - GAS
IRANSPORTER OIL GAS GAS OPENATOR I. PROBATION OFFICE Operator		AP I	30-045-23095
AMOCO PRODUCTION CO	MPANY		
•	Change in Transporter of: Cil Dry	Gas densate	•
If change of ownership give name and address of previous owner	e		·
. DESCRIPTION OF WELL AN	DLEASE		· · · · · · · · · · · · · · · · · · ·
Lease Name Marcotte Gas Com "C' Locallon	Well No. Pool Name, Including	red Cliffs State, Fode	Lease No.
	725 Feet From The North L	ine and <u>1860</u> Feet From	n The <u>East</u>
Line of Section 5	Township <u>31N</u> Range	<u>10W , ммрм, San J</u>	uan County
Name of Authorized Transporter of	RTER OF OIL AND NATURAL G	AS Address (Give address to which appr	oved 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) P.O. Box 990 Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Ege.		hen
	with that from any other lease or pool		
Designate Type of Complete	tion - (X)	New Well Workover Deepen	Plug Back Same Res'v. Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
1/27/79	2/23/79	2854'	2808'
Elevations (DF, RKB, RT, GR, etc., 5807' GL, 5818' KB	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay - 2510'	Tubing Depth
Perforations 2510-2680 '			2670' Depth Casing Shoe 2853'
HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD	SACKS CEMENT
12-1/4"	8-5/8"	292	300 sx
7-7/8"	4-1/2"	2853' 2670'	860 sx
TEST DATA AND REQUEST 1 OIL WELL		after recovery of social volume of load oil epth or be for full 24 hours)	and must be equal to or exceed top allow-
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li	fi, etc.)
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bble.	Water - Bbls.	Gas-Mar
GAS WELL			
Actual Prod. Test-MCF/D 1042	Length of Test 3 hours	Bbis. Condensate/MMCF	Gratity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Stre
Back Pressure CERTIFICATE OF COMPLIAN	623 psig	624 psig	
SERVICE OF COMPLIAN	, , , , , , , , , , , , , , , , , , , 	II MAY	TION COMMISSION 1 6 1979
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 Original Signed by A	10
		BYSUPERVISOR DISTRICT # 3	
• Original Signed Sy E. E. SVOBCDA		This form is to be filed in compliance with RULE 1104.	
C. E. SVOBUDA (Signature)		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	
District Administrative Supervisor (Tule) 5/15/79 (Date)		tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow- able 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. Separate Forms C-104 must be filed for each pool in multiply completed wells.	