HO. OF EMPIRA MECEIVED				1
DISTRIBUTION			<u> </u>	1
SANTA FE		$\overline{i}$		1
FILE		17		1
U.S.G.S.		i		1
LAND OFFICE				
TRANSPORTER	OIL	1		]
	GAS	T		]
OPERATOR		17		1
PROBATION OFFICE		Π		1
Operator		-		
AMOCO PRODU	CTION	CO	MPA	N
Address				
501 44				

## NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104

	FILE /	REQUEST	FOR ALLOWABLE	Supersedes Old C-104 and C-1 Effective 1-1-65	
	U.S.G.S.	AUTHORIZATION TO TRANSPORT OIL AND NATURAL O		_ GA\$	
	LAND OFFICE	-			
	TRANSPORTER GAS				
	OPERATOR				
I.	Operator Operator				
	AMOCO PRODUCTION COME	ANY			
	Address	erminaton NM 07/01		•	
	501 Airport Drive Fa		Other (Please explain)		
	New Well X	Change in Transporter of:			
	Recompletion Change in Ownership	CII Dry G Casinghead Gas Conde	ensate		
	If change of ownership give name				
	and address of previous owner			,	
IJ.	DESCRIPTION OF WELL AND	LEASE Well No.   Pool Name, Including F	Formation Kind of Le	750	
	McEwen Gas Com "C"	1 Blanco Pictur	Company Control	eral or Fee	
	Location Odd Com C	J. J. Dianco, Liceur	eu dillis	Fee	
	Unit Letter N'; 65	Feet From The South Lin	ne and 1815 Feet From	n The West	
	Line of Section 5 To	ownship 31N Range	10W , NMPM, San	Juan County	
!1	DESIGNATION OF TRANSPOR	TER OF OIL AND NATURAL GA	48		
•••	Name of Authorized Transporter of Of			roved copy of this form is to be sent)	
	Name of Authorized Transporter of Co	singhead Gas or Dry Gas X	: Address (Give address to which ann	roved copy of this form is to be sent)	
	El Paso Natural Gas C			gton. NM 87401	
	If well produces oil or liquids,	Unit Sec. Twp. Rge.		when .	
Į	give location of tanks.		No !		
	If this production is commingled w COMPLETION DATA	ith that from any other lease or pool,	give commingling order number:		
	Designate Type of Completi	on - (X) Gas Well	New Well Workover Deepen	Plug Back   Same Res'v.   Diff. Res'v.	
-	Date Spudded	Date Compl. Ready to Prod.	X Total Depth	P.B.T.D.	
	1/10/79	2/4/79	2885	2840'	
	Elevations (DF, RKB, RT, GR, etc.) 5815 GL	Name of Producing Formation Pictured Cliffs	Top Oil/Gas Pay 2616'	Tubing Depth	
-	Perforations GL	rictured Cillis	·] 2010	2698 Depth Casing Shoe	
	2616-26', 2636-56', 2685-94'			2885 '	
-	HOLE SIZE	CASING & TUBING SIZE	D CEMENTING RECORD  DEPTH SET	SACKS CEMENT	
Ì	12-1/4"	8-5/8"	299 <b>'</b>	300 sx	
	7-7/8"	4-1/2 <sup>N</sup>	2885'	475 sx	
ŀ		2-3/8"	2698'		
γ. ΄	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	fter recovery of total volume of load or	l and must be equal to or exceed top allow-	
<u>-</u>	OIL WELL Date First New Cil Run To Tanks	able for this de	pth or be for full 24 hours)  Producing Method (Flow, pump, gas	lift, etc.)	
	200 1 100 100 100 100 100 100 100 100 10				
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
}	Actual Prod. During Test	Oil-Bbls.	Water - Bble.	Gae-MC	
Į					
	GAS WELL				
Γ	Actual Prod. Tool-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Spadeneate	
	2436 Testing Method (pital, back pr.)	3 hours Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
	Back Pressure	621 psig	621 psig	0.75"	
∟ 1. €	CERTIFICATE OF COMPLIAN		OIL CONSERVATION COMMISSION		
			APPROVED MA	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  Original Signed		by A. R. Kendrick		
above is true and complete to the best of my knowledge and belief.		BY	5 Y		
			TITLE SUPERVISOR DISTRICT # 3		
	, Original St E. E. SVO⊥		This form is to be filed in compliance with RULE 1104.  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 allow-		
_		ntwe)			
_	District Administrativ				
	·	tle)	able on new and recompleted v	vells. II. III, and VI for changes of owner.	
·	5/15	/ 79	well name or number, or transpo	rter, or other such change of condition.	

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