	7	_				1	
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	DISTRIBUTION	NEW MEXICO OU	CONSERVATION COMM	1001011	_	1	
	SANTA FE /	NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE			Form C-104 Supersedes Old (204 4 C 1	
	FILE	T REQUEST	AND		Effective 1-1-65	.+104 and C-1	
	U.S.G.S.	ALITHODIZATION TO TO					
	LAND OFFICE	AUTHORIZATION TO TRA	ANSPURI OIL AND N	NATURAL G	SAS		
	TRANSPORTER OIL GAS /	TER OIL					
	OPERATOR (╡ '	. /	111			
	PRORATION OFFICE	4	1 100 10 1077				
AMOCO PRODUCTION COMPANY							
Address							
To Valida							
	Reason(s) for filing (Check proper box) Other (Please explain)						
	New Weli	Change in Transporter of:					
	Recompletion X	Oil Dry Go	ıs 🔛				
	Change in Ownership	Casinghead Gas Conde	nsate				
	If change of ownership give name and address of previous owner						
II.	DESCRIPTION OF WELL AND	LEASE					
	Lease Name	Well No. Pool Name, Including F	ormation	Kind of Lease	Federal	Lease No.	
	Navajo Allotted Gas Con	m A 1A Blanco Mesa	Tordo	State, Federal	[
	Location	I A I DIANCO MESA	verue		14-4	0-603-780	
			1700		_ ,		
	Unit Letter J; 19	925 Feet From The South Lin	ne and1700	_ Feet From T	he <u>East</u>		
	0.5						
	Line of Section 25. Tox	wnship 28N Range	9W , NMPM,	Sa	n Juan	County	
III.	DESIGNATION OF TRANSPORT	TER OF OIL AND NATURAL GA		o which approx	ed copy of this form is to b	a sant)	
	Plateau, Inc.	or condensate X	1				
	Name of Authorized Transporter of Casinghead Gas or Dry G		P. O. Box 108, Farmington, New Mexico 87401 Address (Give address to which approved copy of this form is to be sent)				
1							
	El Paso Natural Gas Company			gton, New Mexico	87401		
	If well produces oil or liquids,	Unit Sec. Twp. Age.	Is gas actually connecte	d? Whe	n		
	give location of tanks.	J 25 28N 9W	No				
	If this production is commingled wit	th that from any other lease or pool,	give commingling order	number:			
IV.	COMPLETION DATA	in that from any other lease or poor,	give comminging order				
- • •		Oil Well Gas Well	New Well Workover	Plug Back Same Res'v.	g Back Same Res'v. Diff. Res'v.		
	Designate Type of Completic	on - (X)		l J	. X	1 37	
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	<u> </u>	P.B.T.D.	X	
	'	1					
	7-31-65	12-13-76	6680		4599 '		
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth		
	5839' RDB, 5827' GL	Mesaverde	4331		<u>4548'</u>		
	Perforations 4331-58, 4362-7	70, 4377-86, 4392-96, 439	99, 4404, 4414-2	20.	Depth Casing Shoe		
		-75, 4495-99, 4507, 4525			6680		
		TUBING, CASING, AND					
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CEMEN	VT	
	13-3/4"	10-3/4" csg.	300 '		250 sx		
	9-7/8"	7-5/8" csg.	2234'		600 sx		
		4-1/2" csg.	6680				
	6-3/4"		· 		705 sx		
		2-3/8" tbg.	4548 *				
₩.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allowable for this depth or be for full 24 hours)						
j	OIL WELL Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow		, otc.) 2 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
	The state of the s				/ MII TILAN		
	Length of Tage	Tubing Pressure	Casing Pressure	<i>[</i>	Choke Size	\	
	Length of Test	ranid trasama	Cantild Linnama	ſ	JAN	1	
ĺ			W-to- Div		77/1/2		
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	16	ME COM 19/7	1	
					DIST GOM	<i>y</i>	
				•	10T. 3" 1	,	
	GAS WELL						

Bbls. Condensate/MMCF Gravity of Condensate Actual Prod. Test-MCF/D Length of Test 314 3 hr. Casing Pressure (Shut-in) Tubing Pressure (Shut-in) Testing Method (pitot, back pr.) Choke Size 763 Back Pressure 754

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.

bllvoboda							
(Signature)							
Area Adm. Supvr.							
(T) I I							

(Date)

1-10-77

(Title)

OIL CONSERVATION COMMISSION

APPROVED JAN 1 2 1977	_
TRIX WELL	
BY DICK DICK	

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 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.

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