3084/17-84

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT		
DISTRIBUTION OIL CONSERV	ATION DIVISION	Form C-104 Revised 10-01-78 Format 08-01-83
	OX 2088	Page 1
LAND OFFICE	W MEXICO 87501	
OPERATOR	OR ALLOWABLE	
PROBATION OFFICE 1	AND SPORT OIL AND NATURAL GAS	a
Amoco Production Company	h	EGR.
501 Airport Drive, Farmington, New Mexcio	87401	MAR 0 8 1984 CON. DIV.
Reeson(s) for filing (Check proper box)	Other (Please explain)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
X New Well Change in Transporter of:	-72	COA 1984 [U]
	Ory Gas	DIST. DI
Cuenda in Community	Condensate	.01. 3 0/
If change of ownership give nacre and address of previous owner		•
IL-DESCRIPTION-OF-WELL-AND-LEASE [Leese Name Well No. Pool Name, Including	and the second s	Company of the Compan
	Gallup Dakota State, Federal or	f :
Location		0.0125
Unit Letter N : 330 Feet From The South Li	ne and 2310 Feet From The	West
Line of Section 25 Township 25N Ronge	4W Rio Arrib	al
	, (1916-191)	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA Name of Authorized Transporter of Oil	L GAS	
Name of Authorized Transporter of Oil or Condensate Plateau Inc.	Address (Give address to which approved P.O. Box 489, Bloomfield,	
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address (Give address to which approved	
Gas Company of New Mexico	P.O. Box 1899 Bloomfield,	
If well produces oil or liquids, qive location of tanks. Unit Sec. Twp. Rgs. N 25 25N 4W	Is gas actually connected? When	
If this production is commingled with that from any other lease or pool,	give commingling order number:	
NOTE: Complete Parts IV and V on reverse side if necessary.		
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION	
ereby certify that the rules and regulations of the Oil Conservation Division have an complied with and that the information given is true and complete to the best of		
my knowledge and belief.	Original Signed	by FRANK T. CHAVEZ
	TITLE SUPER	VISOR DISTRICT #, 3
Original Signed By	This form is to be filed in comp	
(Signature) District Administrative Supervisor	If this is a request for allowable well, this form must be accompanied tests taken on the well in accordance	by a tabulation of the deviation
2/28/84 (Title)	All sections of this form must be able on new and recompleted wells.	filled out completely for allow-
(Date)	Fill out only Sections I. II. III. well name or number, or transporten or	other such change of condition.
1	Separate Forms C-104 must be completed wells.	filed for each pool in multiply

Bbls. Condensate			
		4.8	
Water - Bblo. 49		Gee-MCF	
flowing 350 psig	tlowing	N/A	
Cosing Pressure		Choke Size	
	d (Flow, pump, see li	/t. esc.)	
LE (Test must be after recovery of to able for this depth or be for full:	tal volume of load oil 24 hours;	and must be equ	ed to or exceed top all
		 	
7320		1650	
K-55 8066		413	
	PTH SET	SA	CKS CEMENT
ING, CASING, AND CEMENTING	RECORD 7758'-7	770', 2j s	opf, 51", 780
, .51"; 7038'-7102', 7	130'-7198',	Depth Casin 8066	•
		7320	А
	av av		
total Doptin		1	
4 · · · · · · · · · · · · · · · · · · ·	1	<u> </u>	
and well were well in	orkover Deepen	Plug Back	Same Res'v. Diff. Re
۲ ۲	X X Total Depth 8066	X dy to Prod. Total Depth 8066	X Workover Deepen Plug Back X

Cosing Pressure (Shub-in)

Cheke Size

(cont. from Perforations)
7892', 7920'-7942', 2jspf, .45", total 320 holes.