NO. UF COMES RECEIVED		<u>'</u>	
DISTRIBUTION			
SANTA FE		/	
FILE		,	W
U.S.G.S.			
LAND OFFICE	CE		
TRANSPORTER	OL		!
	SAS	1	
OPERATOR			
PROBATION OFFICE			

	SANTA FE / FILE / U.S.G.S.	REQUEST	ONSERVATION COMMISSION FOR ALLOWABLE AND NSPORT OIL AND NATURAL	Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 GAS		
1.	OPERATOR / PROPERTOR / PROPERTOR AMOCO PRODUC	TION COMPANY		(0.11/1.0)		
	Address 501 Airport Reason(s) for filing (Check proper box)	Drive, Farmington, New 1	Sexico 87401 Other (Please explain)	1974 JAM		
	New Well Recompletion Charge in Ownership	Change in Transporter of: Oil Dry Ga: Casinghead Gas Conden		OIL CON. COM. DIST. 3		
	If change of ownership give name and address of previous owner					
II.	DESCRIPTION OF WELL AND I	Well No.: Pool Name, including to	i ou and a second	Lenerar -		
	Line of Section 15 Tow	6 South Blanco Price 6 South Blanco Price	e and <u>1750</u> Feet From	m The		
IkI.	DESIGNATION OF TRANSPORT	or Condensate	Address / Give address to which app	roved copy of this form is to be sent)		
	Name of Authorized Transporter of Cas Northwest Pipeline Cos	poration	501 Airport Drive, Far	roved copy of this form is to be sent) rmington, New Mexico 87401 When		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Age.	Yes	6-8-57		
IV.	If this production is commingled wit COMPLETION DATA	Cil Well Gas Well	New Well Workover Deepen	Fing Back Same Resty, Diff. Resty.		
	Designate Type of Completic	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
		Name of Producing Formation	Top Cti/Gas Pay	Tubing Depth		
	Perforations		:	Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD						
	HOLE \$12E	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
٧.	V. 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 able for this depth or be for full 24 hours) OIL WELL Producing Method (Flow, pump, gas lift, etc.)					
	Date First New Cil Run To Tanks	Date of Test				
	Length of Test	Tuoing Pressure	Casing Pressure	Choke Size		
	Actual Prod. During Test	C:1-3b.a.	Water-Bbis.	Gas - MCF		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	Testing Method (pito:, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
VI.	CERTIFICATE OF COMPLIAN	CE		VATION COMMISSION		
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 FEB 7 1974, 19 Original Signed by A. R. Kendrick				
		PETROLEUM ENGINEER DIST. NO. 3				
	Original Signed By G. L. HAMILLON (Signature)		TITLE 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.			
	Area Administrativ	e Supervisor	All sections of this form	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
	December 28	ile)	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.			
(Date)			well name or number, or transporter, or other such change of conditions			