NO. DE COMES AECEIVED				
DISTRIBUTION				
SANTA FE			i 	
FILE		1		
U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL	1		
	GAS	1		
OPERATOR		$\perp$		
PRORATION OFFICE				
Operator		MOC	O P	

December 28, 1973

	MEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE AND S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GA IANSPORTER OIL / GAS /		ebrin C-104 Supersedes Old C-104 and C-110 Effective 1-1-65 AS		
-	OPERATOR				
1.	PRORATION OFFICE Operator		//	TIME	
	AMOCO PRODUCTION COMPANY  501 Airport Drive, Farmington, New Mexico 87401				
	Reason(s) for filing (Check proper box)  New Well  Recompletion  Change in Ownership	Change in Transporter of:  Cil Dry Gas  Casinghead Gas Condens	Other (Please explain)	CON. COM. DIST. 3	
1	and address of previous owner	I FACE			
11.	DESCRIPTION OF WELL AND Lease Name	Well No. Pool Name, including to	State Federal	rederet i	
State, Federal or Fee   Jic. Apa					
		waship <b>26N</b> Range	4W , NMPM, R	10 Arriba County	
III.	ESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS  Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent)  Plateau, Inc.  Address (Give address to which approved copy of this form is to be sent)  Address (Give address to which approved copy of this form is to be sent)				
Name of Authorized Transporter of Casi Northwest Pipeline Cor		rporation	ration 501 Airport Drive, Far		
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Age. B 10 26N 4W	Yes	11-19-63	
IV.	If this production is commingled wi	th that from any other lease or pool,	New Well Workover Deepen	Flug Back   Same Res'v.   Diff. Res'v.	
- • •	Designate Type of Completi	011 4611	New West		
	Date Spudded	Date Compi. Ready to Prod.	Total Depth	P.B.T.D.	
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
	Perforations	Depth Casing Shoe			
			DEPTH SET	SACKS CEMENT	
	HOLE SIZE	CASING & TUBING SIZE			
V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL  OR The Producing Method (Flow, pump, gas lift, etc.)					
	OIL WELL  Date First New Oil Run To Tanks	ijt, etc.)			
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
	Actual Prod. During Test	Cil-Bbis.	Water - Bbls.	Gas - MCF	
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensqte/MMCF	Gravity of Condensate	
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
VI	VI. CERTIFICATE OF COMPLIANCE		OIL CONSERVATION COMMISSION		
	I hereby certify that the rules and Commission have been complied above is true and complete to t	i regulations of the Oil Conservation with and that the information given he best of my knowledge and belief.	By Original Signed by A. R. Kendrick  PETROLEUM ENGINEER DIST. NO. 3		
	Ongme. Sign <b>G. L. HAM</b> N	•	This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or deepens		

well, this form must be accompanied by a tabulation of tests taken on the well in accordance with RULE 111. (Signature) All sections of this form must be filled out completely for allowable on new and recompleted wells. Area Administrative Supervisor (Title) 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.