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SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL 3
	GAS
OPERATOR	1
PRODUCTION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-110
Effective 1-1-65

Operator AMGCO PRODUCTION COMPANY	
Address 501 Airport Drive, Farmington, New Mexico 87401	
Reason(s) for filing (Check proper box)	
Change in Transporter of:	Other (Please explain)
Change in Ownership	Four Corners Pipeline Co. will run approx. 75%, Giant Refining, Inc. will run approx. 25% and Plateau will purchase surplus on spot sales basis.
If change of ownership give name and address of previous owner	

SECTION 2. DESCRIPTION OF WELL AND LEASE

Lease Name Navajo Tribal "U"	Well No. 23	Pool Name, including Formation Tocito Dome Penn. "D"	Kind of Lease Federal	Lease No. 14-20-603-5034
Location				
Unit Letter N	745	Feet From The South	Line and 2130	Feet From The West
Line of Section 22	Township 26N	Range 18W	NMPM, San Juan	County

SECTION 3. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐ Four Corners Pipeline Company	Address (Give address to which approved copy of this form is to be sent) Box 1588, Farmington, New Mexico 87401					
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐ Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) Box 256, Farmington, New Mexico 87401					
Box 108, Farmington, New Mexico 87401						
If well produces oil or liquids, give location of tanks.	Unit A	Sec. 20	Twp. 26N	Rge. 18W	Is gas actually connected? Yes	When May 1974

If this production is commingled with that from any other lease or pool, give commingling order number:

CTB-123

SECTION 4. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Date Spudded	Date Compl. Ready to Prod.		Total Depth			P.B.T.D.		
Elevations (DF, RAB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay			Tubing Depth		
Perforations						Depth Casing Shoe		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		

SECTION 5. TEST DATA AND REQUEST FOR ALLOWABLE

(Test must be after recovery of total volume of gas or oil must be equal to or exceed top allowable for this depth or be for full 24 hours)

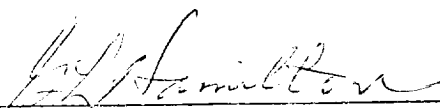
Date First New Oil Run To Tanks	Date of Test	Producing Method (If)
Length of Test	Tubing Pressure	Casing Pressure
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.

GAS WELL

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size

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.


(Signature)
Area Administrative Supervisor
(Title)
November 25, 1974
(Date)

OIL CONSERVATION COMMISSION

APPROVED

Original Signed by Henry G. Arnold

TITLE SUPERVISOR DIST. #3

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 recompleting wells.
Fill out only Sections 2, 3, 4, 5, and VI for change 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