

DISTRIBUTION		4
SANTA FE		1
FILE		1
U.S.G.S.		
LAND OFFICE		
TRANSPORTER	OIL	
	GAS	1
OPERATOR		1
PRORATION 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-11,
Effective 1-1-65

I. Operator **AMOCO PRODUCTION COMPANY**

Address **501 AIRPORT DRIVE, FARMINGTON, NEW MEXICO 87401**

Reason(s) for filing (Check proper box) ☒ New Well ☐ Recompletion ☐ Change in Ownership ☐ Change in Transporter of: Oil ☐ Casinghead Gas ☐ Dry Gas ☐ Condensate ☐ Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name VALENCIA CANYON UNIT	Well No. 4	Pool Name Including Formation CHOZA MESA PICTURED CLIFFS	Kind of Lease State, Federal or Fee FEDERAL	Lease No. NM-14919
Location Unit Letter N ; 1120 Feet From The South Line and 1690 Feet From The West Line of Section 25 Township 28N Range 4W , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)					
EL PASO NATURAL GAS COMPANY	P. O. BOX 990, FARMINGTON, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	

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

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
		X	X					
Date Spudded 4/9/77	Date Compl. Ready to Prod. 4/28/77	Total Depth 4513'		P.B.T.D. 4477'				
Elevations (DF, RKB, RT, GR, etc.) 7396' GL, 7409' KB	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 4124'		Tubing Depth 4285'			
Perforations 4124-30, 4145-57, 4178-4210, 4294-4334 X 1 SPF					Depth Casing Shoe 4513'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE 12-1/4" 7-7/8"	CASING & TUBING SIZE 8-5/8" Casing 4-1/2" Casing 2-3/8" Tubing		DEPTH SET 301' 4513' 4285'		SACKS CEMENT 250 1070			

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

GAS WELL

Actual Prod. Test-MCF/D 4526	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) back pressure	Tubing Pressure (shut-in) 1087	Casing Pressure (shut-in) 1084	Choke Size .75"

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.

E. Traboda
(Signature)
AREA ADM. SUPVR.
(Title)
AUGUST 24, 1977
(Date)

OIL CONSERVATION COMMISSION

APPROVED **AUG 25 1977**, 19
BY Original Signed by A. R. Kendrick
SUPERVISOR DIST. #3
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.

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 Form C-104 must be filed for each well in multiple