

DISTRIBUTION	
SANTA FE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL /
	GAS /
OPERATOR	/
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-1  
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 ☒ Change in Transporter of:  
Recompletion ☐ Oil ☐ Dry Gas ☐  
Change in Ownership ☐ Casinghead 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. 16	Pool Name, Including Formation Choza Mesa Pictured Cliffs	Kind of Lease State, Federal or Fee Federal	Lease No. NM-14917
Location Unit Letter P ; 1065 Feet From The South Line and 1120 Feet From The East Line of Section 23 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 checked="" type="checkbox"/> Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 108 Farmington, NM 87401					
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P.O. Box 990 Farmington, NM 87401					
If well produces oil or liquids, give location of tanks.	Unit P	Sec. 23	Twp. 28N	Rge. 4W	Is gas actually connected? No	When Approximately 120 days

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 12/28/77	Date Compl. Ready to Prod. 2/26/78		Total Depth 4390'		P.B.T.D. 4312'			
Elevations (DF, RKB, FT, GR, etc.) 7306' GL, 7316' KB	Name of Producing Formation Pictured Cliffs		Top Oil/Gas Pay 4040'		Tubing Depth 4257'			
Perforations 4040-56, 4075-4120, 4126-38, 4190-4277					Depth Casing Shoe 4390'			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			
12-1/4"	8-5/8" Casing		301'		250 SX			
7-7/8"	4-1/2" Casing		4390'		1240 SX			
	2-3/8" Tubing		4257'					

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 5100	Length of Test 3 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.) Back Pressure	Tubing Pressure (Shut-in) 1164	Casing Pressure (Shut-in) 1166	Choke Size 0.75"

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.

Original Signed -  
E. E. SVOBODA  
(Signature)

Area Administrative Supervisor  
(Title)

6/16/78  
(Date)

OIL CONSERVATION COMMISSION

APPROVED JUN 23 1978, 19  
Original Signed by A. R. Kendrick  
BY SUPERVISOR  
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.