; ;	0 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N	remado orulia IF POUEST I	=		MESION	From C-104 Supersedes Gl Effective 1-1-6	d C-104 and C+1
	AND L.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS TRANSPORTER OIL / GAS /							
1.	OPERATOR PRORATION OFFICE							
	AMOCO PRODUCTION COMPANY Address							
	Sol Airport Drive Farmington, NM 87401 Reason(s) for filing (Check proper box) New Well X Change in Transporter of: Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate							
	If change of ownership give name and address of previous owner							
11.	DESCRIPTION OF WELL AND I	Well No. Pool Na	me, Including Fo		Cliffs	Kind of Lease	or Fee Federal	Lease No.
	Valencia Canyon Unit	h			850	Feet From T	Fact	
	Offit Letter /	mship 28N	Range	4W	, NMP	Die Arr		County
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	TER OF OIL AND N		S Address	(Give address	to which approve	ed copy of this form is	to be sent)
	Plateau, Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas X			P.O. Box 108 Farmington, NM 87401 Address (Give address to which approved copy of this form is to be sent)				
	If well produces oil or liquids, give location of tanks. P 26 28N 4W				P.O. Box 990 Farmington, NM 87401 Is als actually connected? When No			
IV.	If this production is commingled wit COMPLETION DATA	h that from any other	lease or pool,	give com			Plug Back Same Re	stv. Diff. Rest
	Designate Type of Completio		X	X	1	1	! !	;
	Date Spudded	Date Compl. Ready to	Prod.	Tctal D	4375 '	!	P.B.T.D. 4333'	
	9/17/77 Elevations (DF, RKB, RT, GR, etc.)	10/20/77 Name of Producing For	mation	Top Oil	/Gas Pay		Tubing Depth	
	7343' KB, 7333' GI. Pictured Cliffs Perforations 4100-4110, 4126-4156, 4168-4180,			4100'			4287 Depth Casing Shoe	
	4246-4268, 4282-4316 x 1 SPF			CEMENTING RECORD			4375'	
	HOLE SIZE	CASING & TUB		CEME	DEPTH		SACKS CE	MENT
	12-1/4"		8" Csg.		319'		250	
	7-7/8"	4-1/2" Csg. 2-3/8" Tbg.		4375' 4287'			1265	
v.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and most be equal to or exceed top all able for this depth or be for full 24 hours) Date of Test Producing Method (Flow, pump, gas lift, etc.)							
	Date First New Oil Run To Tanks	Date of Test		Product	ng Method (Fi	ow, pump, gas tij	1010	
	Length of Test	Tubing Fressure		Cosing Pressure		٥,,٥	Choke Size	
	Actual Prod. During Test Oil-Bbls.		Water-Bbla.		Cada-MCF			
	GAS WELL			_				
	Actual Prod. Test-MOF/D	Length of Test	•		Bbis. Condensate/MMCF		Gravity of Condensate	
	4419 Testing Method (pitot, back pr.)	3 hours Tubing Freesure (Shut-in)		Coming Pressure (Shut-in)		Choke Size		
	Back Pressure	1011 psi		<u> </u>	1122 psi		0.75"	
VI.	CERTIFICATE OF COMPLIANCE			OIL CONSERVATION COMMISSION APPROVED FEB 28 1978 19				
	I hereby certify that the rules and a Commission have been complied values is true and complete to the	with and that the inic	rmation given	BY_	Original	Signed by	A. R. Kendric	k
					TITLE SUPERVISOR DIST. 43			

Original Signed By

2/27/78 (L=; E)

E. E. SVOBODA (Signature) Area Administrative Supervisor (Title)

If this is a request for allowable for a newly drilled or despene 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.

This form is to be filed in compliance with RULE 1104.

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 Carrier Frame CitOd must be filed for real most in multiple