| | > , | · | | | | | |
|------|--|--|---|----------------|--|---------------------------------------|--|
| | SANTA FE FILE | l control of the cont | ONSERVATION COMM FUR ALLUWABLE AND | rission | Form C-104 Supersedes Old Effective 1-1-65 | | |
| | U.S.G.S. LAND OFFICE TRANSPORTER OIL / | AUTHORIZATION TO TRA | ANSPORT OIL AND | NATURAL GA | AS | | |
| | OPERATOR GAS | | | | | | |
| 1. | PRORATION OFFICE Operator | | | | | · · · · · · · · · · · · · · · · · · · | |
| | AMOCO PRODUCTION COMPANY Address | | | | | | |
| • | 501 Airport Drive Farmington, NM 87401 Reason(s) for filing (Check proper box) Other (Please explain) | | | | | | |
| | New Well | Change in Transporter of: | | | | | |
| | Recompletion Change in Ownership | Oil Dry Go Casinghead Gas Conder | ! | | | | |
| | If change of ownership give name and address of previous owner | | | | | ··· | |
| Ħ. | DESCRIPTION OF WELL AND I | LEASF. Well No.: Pool Name, Including F | ormation Eul | Kind of Lease | | Lease No. | |
| | Valencia Canyon Unit | 6 Choza Mesa Pic | | State, Federal | or Fee Federal | NM 14923 | |
| | Unit Letter H : 1850' Feet From The North Line and 1075' Feet From The East | | | | | | |
| | Line of Section 35 Tow | mship . 28N Range | ¥₩ , NMPN | , Rio Arr | iba | County | |
| 111. | DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate X Address (Give address to which approved 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) | | | | |
| | 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. H 35 28N 4W | Is gas actually connected? When No | | | | |
| | If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA | | | | | | |
| | Designate Type of Completion | on - (X) Oil Well Gas Well X | New Well Workover | Deepen | Plug Back Same Res | v. Diff. Resfy. | |
| | Date Spudded | Date Compl. Ready to Prod. | Total Depth | | P.B.T.D. | | |
| | 10/5/77 Elevations (DF, RKB, RT, GR, etc.) | 12/20/77 Name of Producing Formation | 4440¹ Top O:1/Gas Pay | | 4383 Tubing Depth | | |
| | 7305' GL, 7315' KB | Pictured Cliffs | 4090' | | 4302 * Depth Casing Shoe | · · · · · · | |
| | 4090-4152, 4202-11, 4222-96 | | | | | | |
| | TUBING, CASING, AND CEMENTING RECORD | | | | | | |
| | 12-1/4" | 8-5/8" Casing | 277' | <u> </u> | 250 | | |
| | 7-7/8" | 4-1/2" Casing | 4432' | | 1300 | | |
| | | 2-3/8" Tubing | 4302 | | | | |
| v. | TEST DATA AND REQUEST FOR ALLOWABLE (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) | | | | | | |
| i | OII, WELL Date First New Oil Run To Tanks | Date of Test | Producing Method (Flor | 3) | | · | |
| | Length of Test | Tubing Pressure | Casing Pressure | | Choke Size | | |
| | Actual Prod. During Test | OII-Bbla. | Water-Bble. | | Gas-MCF | \ | |
| | GAS WELL | <u> </u> | | | <u> </u> | | |
| | Actual Prod. Test-MCF/D | Length of Test | Bbis. Condensate/MMC | F | Gravity of Condensate | | |
| | 143 | 24 hours | Casing Pressure (Shut | -1n1 | Choke Size | | |
| | Testing Method (pitot, back pr.) | Tubing Pressure (Shut-in) | | | 0.50" | | |
| | Back Pressure | 671 psig | 806 psig | CONSERVA | | | |
| VI. | CERTIFICATE OF COMPLIANCE | | OIL CONSERVATION COMMISSION | | | | |

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 By |
|--|
| E E SVOTA (Signature) Area Administrative Supervisor |
| (Title) |

(Date)

APPROVED. Original Signal ą, Wandrick

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

If this is a request for silowable 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. Canada Barro C.104 must be filed for sent most in multiple