| NO. OF CC PIES RECEIVED |     |             |
|-------------------------|-----|-------------|
| DISTRIBUTION            |     |             |
|                         |     |             |
| FILE                    |     |             |
| U.S.G. <b>S.</b>        |     |             |
| LAND OFFICE             |     |             |
| OIL                     | 1   |             |
| GAS                     | 1   |             |
| OPERATOR                |     |             |
| PRORATION OFFICE        |     |             |
|                         | OIL | OIL / GAS / |

VI.

11

|      | DISTRIBUTION  SANTA FE  FILE  U.S.G.S.  LAND OFFICE  I RANSPORTER  OIL /  GAS /  OPERATOR                                                                                                                    | REQUE                                                 | L CONSERVATION COMMISSION<br>ST FOR ALLOWABLE<br>AND<br>RANSPORT OIL AND NATURA                                                          | Form C-104 Supersedes Old C-104 and C- Effective 1-1-65 AL GAS                                     |  |
|------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|--|
| 1.   | PRORATION OFFICE Operator                                                                                                                                                                                    |                                                       |                                                                                                                                          |                                                                                                    |  |
|      | AMOCO PRODUCTION COM                                                                                                                                                                                         | PANY                                                  |                                                                                                                                          |                                                                                                    |  |
|      |                                                                                                                                                                                                              | Change in Transporter of: Oil Dry                     | Other (Please explain)  Gas  densate                                                                                                     |                                                                                                    |  |
|      | If change of ownership give name and address of previous owner _                                                                                                                                             | •                                                     |                                                                                                                                          |                                                                                                    |  |
| 11.  | DESCRIPTION OF WELL AN Lease Name Valencia Canyon Unit                                                                                                                                                       | Well No. Pool Name, Including                         | D                                                                                                                                        | ease Lease No. deral or Fee Federal NM 14915                                                       |  |
|      | Unit Letter B ; 11                                                                                                                                                                                           | 80 Feet From The North                                | line and 1760                                                                                                                            | om The East                                                                                        |  |
|      | Line of Section 15                                                                                                                                                                                           | Township 28N Range                                    | 4W                                                                                                                                       | Arriba                                                                                             |  |
| III. | DESIGNATION OF TRANSPO                                                                                                                                                                                       | RTER OF OIL AND NATURAL O                             |                                                                                                                                          | County County                                                                                      |  |
|      | Name of Authorized Transporter of Plateau, Inc. Name of Authorized Transporter of                                                                                                                            | OII or Condensate 🛣                                   | Address (Give address to which ap                                                                                                        | oproved copy of this form is to be sent)  ngton, NM 87401  proved copy of this form is to be sent) |  |
|      | El Paso Natural Gas                                                                                                                                                                                          | Company Unit Sec. Twp. Rge.                           | P.O. Box 990 Farmir                                                                                                                      | ngton, NM 87401                                                                                    |  |
|      | If well produces oil or liquids, give location of tanks.                                                                                                                                                     | B 15 28N 4W                                           | No                                                                                                                                       | aggregierately 60 days                                                                             |  |
| IV.  | If this production is commingled of COMPLETION DATA                                                                                                                                                          | with that from any other lease or pool                | <u>-</u>                                                                                                                                 |                                                                                                    |  |
|      | Designate Type of Comple                                                                                                                                                                                     | , X                                                   | New Well Workover Deepen                                                                                                                 | Plug Back   Same Resty. Diff. Resty.                                                               |  |
|      | Date Spudded 2/16/78                                                                                                                                                                                         | Date Compl. Ready to Prod.                            | Total Depth 4325                                                                                                                         | P.B.T.D.                                                                                           |  |
|      | 2/16/78 Elevations (DF, RKB, RT, GR, etc.) 7190' GL, 7200'KB                                                                                                                                                 | 5/24/78  Name of Producing Formation  Pictured Cliffs | Top Oil/Gas Pay 3951'                                                                                                                    | 4278 Tubing Depth 4159                                                                             |  |
| ļ    | Perforations                                                                                                                                                                                                 |                                                       |                                                                                                                                          | Depth Casing Shoe                                                                                  |  |
|      | 3951-62, 3970-78, 4004-24, 4144-56, 4162-4210<br>TUBING, CASING, AN                                                                                                                                          |                                                       | O CEMENTING RECORD                                                                                                                       | 4325'                                                                                              |  |
|      | HOLE SIZE                                                                                                                                                                                                    | CASING & TUBING SIZE                                  | DEPTH SET                                                                                                                                | SACKS CEMENT                                                                                       |  |
| -    | 12-1/4"<br>7-7/8"                                                                                                                                                                                            | 8-5/8"<br>4-1/2"                                      | 312'                                                                                                                                     | 250 sx                                                                                             |  |
|      | 7-1/6                                                                                                                                                                                                        | 2-3/8"                                                | 4325 <b>'</b><br>4159 <b>'</b>                                                                                                           | 1150 sx                                                                                            |  |
| •    | FECT DATA AND DECUECE                                                                                                                                                                                        |                                                       |                                                                                                                                          |                                                                                                    |  |
|      | EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allo able for this depth or be for full 24 hours)                             |                                                       |                                                                                                                                          |                                                                                                    |  |
| İ    | Date First New Oil Run To Tanks                                                                                                                                                                              | Date of Test                                          | Producing Method (Flow, pump, gas                                                                                                        | lift, etc.)                                                                                        |  |
|      | Length of Test                                                                                                                                                                                               | Tubing Pressure                                       | Casing Preseure                                                                                                                          | Choke Size                                                                                         |  |
| -    | Actual Prod. During Test                                                                                                                                                                                     | Oil-Bbla.                                             | Water - Bbls.                                                                                                                            | Gas-MCF                                                                                            |  |
| l_   |                                                                                                                                                                                                              |                                                       |                                                                                                                                          |                                                                                                    |  |
| _    | GAS WELL Actual Prod. Test-MCF/D                                                                                                                                                                             | Length of Test                                        |                                                                                                                                          |                                                                                                    |  |
|      | 1344                                                                                                                                                                                                         | 3 hours                                               | Bbls. Condensate/MMCF                                                                                                                    | Gravity of Condensate                                                                              |  |
|      | Testing Method (pitot, back pr.)                                                                                                                                                                             | Tubing Pressure (Shut-in)                             | Casing Pressure (Shut-in)                                                                                                                | Choke Size                                                                                         |  |
|      | Back Pressure ERTIFICATE OF COMPLIAN                                                                                                                                                                         | 1047                                                  | 1047                                                                                                                                     | .75"                                                                                               |  |
| 1. ( |                                                                                                                                                                                                              | CE                                                    |                                                                                                                                          | ATION COMMISSION                                                                                   |  |
| С    | 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. |                                                       | BY Original Signed by A. E. Menarick                                                                                                     |                                                                                                    |  |
|      |                                                                                                                                                                                                              |                                                       | TITLE SURESTEED                                                                                                                          |                                                                                                    |  |
|      |                                                                                                                                                                                                              | Signed By<br>ORODA                                    | This form is to be filed in                                                                                                              | compliance with RULE 1164.                                                                         |  |
|      | E. E. SVOBODA (Signature)                                                                                                                                                                                    |                                                       | If this is a request for allowable for a newly drilled or despected well, this form must be accompanied by a tabulation of the deviction |                                                                                                    |  |
| _    | Area Administra                                                                                                                                                                                              | •                                                     | tests taken on the well in acc                                                                                                           | ordance with RULE 111.                                                                             |  |
| _    | (Ťi                                                                                                                                                                                                          | tle)                                                  | All sections of this form m<br>sble on new and recompleted w                                                                             | ust be filled out completely for allow-                                                            |  |
| _    | 7/12/78<br>(Date)                                                                                                                                                                                            |                                                       | Fill out only Sections I.                                                                                                                | II. III. and VI for changes of caner.                                                              |  |
|      | (De                                                                                                                                                                                                          | ••• /                                                 | well name or number, or transporter, or other such change of condition.                                                                  |                                                                                                    |  |