	NO. OF CC PIES RECEIVED 5	1			/			
	DISTRIBUTION	NEW MEXICO OU	NEW MEXICO OIL CONSERVATION COMMISSION					
	SANTA FE /	NEW MEXICO OIL	CONSERVATION COM	NOISSIN	Form C-104			
	FILE /	REQUES	T FOR ALLOWABLE		Supersedes Old (Effective 1-1-65	C-104 and C-		
	U.S.G.S.	ALITHOPIZATION TO TO	AND		THECHAE 1-1-02			
	LAND OFFICE	AUTHORIZATION TO TE	RANSPURT UIL AND	NATURAL GAS				
	IRANSPORTER OIL / GAS /							
	OPERATOR							
1.	PRORATION OFFICE Operator							
	AMOCO PRODUCTION COM	PANY				· · · · · · · · · · · · · · · · · · ·		
	501 Airport Drive Farmington, New Mexico 87401							
	Reason(s) for filing (Check proper box) Other (Please explain)							
	New Well Change in Transporter of:							
	Recompletion Oil Dry Gas							
	Change in Ownership	Casinghead Gas Cond	lensate					
	If change of ownership give name and address of previous owner							
H.	DESCRIPTION OF WELL AND LEASE Lease Name Well No Root Name Including Females							
		Well No. Pool Name, Including	47	Kind of Lease		Lease No.		
	Valencia Canyon Unit	25 Choza Mesa Pi	ctured Cliffs	State, Federal or Fee	Federal N	M 14915		
	Unit Letter N ; 860 Feet From The South Line and 1665 Feet From The West							
	Line of Section 15 T	ownship 28N Range	4W , NMPM	Rio Arriba		County		
III.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G	AS					
	Name of Authorized Transporter of C	or Condensate 🛣	Address (Give address t	o which approved copy	of this form is to b	e sentl		
	Plateau, Inc. Name of Authorized Transporter of Casinghead Gas or Dry Gas X Address (Give address to which approved copy of this form is to be sent					· sent)		
	El Paso Natural Gas Company		P.O. Box 990 Farmington, NM 87401					
	If well produces oil or liquids,	is gas actually connecte	Is gas actually connected? When					
	give location of tanks.	N 15 28N 4W	No	Approx	kimately 90	days		
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA							
	Designate Type of Completi	ion - (X) Oil Well Gas Well X	New Well Workover	Deepen Plug Ed	ck Same Res'v.	Diff. Res'v.		
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.I		·		
	3/31/78	6/23/78	4500 '	1	4340 '			
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tubing				
	7365' GL. 7375' KB	Pictured Cliffs	4118'	Johns	4285 '			
	Perforations		Depth C	asing Shoe				
	4118-60, 4226-62, 4272-4300							
	TUBING, CASING, AND CEMENTING RECORD							
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE	т	SACKS CEMENT			
	12-1/4"	8-5/8"	309'		250 sx	***************************************		
-	7-7/8"	4-1/2"	4500'		1200 sx			
<u>.</u> . į	mean name and the property	LOD ALL OFFICE	<u> </u>					
	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)							
Ī	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow,	numn sas life sea l				
1	- · · · · · · ·			r-mp, gus siji, elcij				
}	Length of Test	Tubing Pressure	Casing Pressure	Choke S	170			
	·		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Chores	128	·		
-	Actual Prod. During Test	Cil-Bbls.	Wate: - Bble.	Gas - MO	<u> </u>			
	- -			Gua-Mo	*	Ţ.		
١_			<u> </u>					
1	GAS WELL			i i				
Γ	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity	of Condensate	·· ··		
	4460	3 hours						
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-i	n) Choke S	20			
- 1	Rack Pressure	1028	1028		7511			

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	Signad	Ву
	_	

E. E. SVOBODA (Signature)

(Date)

Area Administrative Supervisor

(Title) 7/12/78

If this is a request for allowable for a newly drilled or despened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

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

OIL CONSERVATION COMMISSION

Original Signed by A. H. Admiriok

.. .__ , 19 _..

APPROVED_

BY___

TITLE _

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 a number or transporter another such change if conditions