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DISTRIBUTION			
SANTA FE		1	
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LAND OFFICE			
TRANSPORTER	OIL	1	
	GAS	1	
OPERATOR			
PRORATION OFFICE			

ļ	DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION REQUEST FOR ALLOWABLE			Form C-104 Supersedes Old C-104 and C-110 Effective 1-1-65		
1	FILE / C		AND			
-	U.S.G.S.	AUTHORIZATION TO TRAI	NSPORT OIL AND NATUR	RAL GAS		
	LAND OFFICE					
	TRANSPORTER GAS /	-				
ŀ	OPERATOR (	-				
	PRORATION OFFICE					
•	Operator Proprieta	N. COLONNY				
	AMOCO PRODUCTIO	ON COMPANY	<del> </del>			
	Address	tore Thermoderates March Mount	07/01			
	<del>_</del>	ive, Farmington, New Mexi	.co 87401 Other (Please explain	,		
	Reason(s) for filing (Check proper box)	) Change in Transporter of:	Office   Trease explain	·		
	New Well	Oil Dry Gas	Repaired cas	ing lask		
	Recompletion Change in Ownership	Casinghead Gas Condens		THE TEGE.		
1	Change III Ownership					
	If change of ownership give name					
	and address of previous owner					
II.	DESCRIPTION OF WELL AND	LEASE				
	Lease Name	Well No. Pool Name, Including Fo		f Lease No.		
	J. C. Gordon "D"	4 Basin Dakota	State,	Federal or Fee Federal SF 077952		
	Location					
	Unit Letter P ; 840	DFeet From The <b>South</b> Line	e and Feet	From The East		
		27 Y	N Tinate Marine	San Juan County		
	Line of Section 23 Tov	wnship <b>27 North</b> Fange <b>10</b>	) West , NMPM,	San Juan County		
	THE STATE OF THE ANGROR	TED OF OH AND NATURAL CAP	c			
111.	Name of Authorized Transporter of Cil	TER OF OIL AND NATURAL GA	Address (Give address to which	approved copy of this form is to be sent)		
	Illat.	<del>_</del>				
	Name of Authorized Transporter of Cas	singhead Gas or Dry Gas	Address (Give address to which	approved copy of this form is to be sent)		
	FPNG					
	If well produces oil or liquids,	Unit Sec. Twp. Ege.	Is gas actually connected?	When		
	give location of tanks.	1 + 1				
	If this production is commingled wi	th that from any other lease or pool,	give commingling order number	er:		
	COMPLETION DATA	Oil Well Gas Well	New Well Workover Deep			
	Designate Type of Completic	(Y)	Yew went workever Been	X		
		Date Compl. Ready to Prod.	Total Depth	P.B.T.D.		
	Date Spudded	Bute Compi. Reday to 1 to a				
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth		
	Lievations (B1, KKB, K1, OK, etc.)			6642 '		
	Perforations			Depth Casing Shoe		
		TUBING, CASING, AND	CEMENTING RECORD			
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT		
			/ 1/2	1 1		
			4.8/20	2: 1 :1972		
			JAN	<del></del>		
		OD ALLOWARIE (Tour True be o	in the fact of the	ST. 3		
V.	TEST DATA AND REQUEST FOIL WELL	able for this de	pth or be for full 24 hors)	ST. 3		
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump	gas life etc.)		
	Length of Test	Tubing Pressure	Casing Pressure	Choke Size		
			Water - Bbls.	Ggs - MCF		
	Actual Prod. During Test	Oil-Bbis.	Water - DDIS.	045		
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate		
	389	7 Day	-			
	Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size		
	Sales	691 psia	0 psia (packer)	400 000		
<b>37</b>	CERTIFICATE OF COMPLIAN		OIL CONS	ERVATION COMMISSION		
VI.	CERTIFICATE OF COMPETAN	(CL		JAN 2 1 1972		
	I hereby certify that the rules and regulations of the Oil Conservation Commission have been complied with and that the information given		APPROVED			
			By original Signed by Amery C. Arnold			
above is true and complete to the best of my knowledge and belief.  (Signature)  Area Adm, Supvr.  (Title)		SUPERVISOR LIST. #3				
		This form is to be filed in compliance with RULE 1104.				
						allowable for a newly drilled or deepened
		well, this form must be a tests taken on the well i	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.				
						January 20,
			(D	Date)	Separate Forms C-1	04 must be filed for each pool in multiply
			completed wells.			

STATE OF NEW MEXICO SHERGY AND MINERALS DEPARTMENT. .

REAL PART INTEREST	MUJ L	11.11	
	1141		
DISTRIBUTE	) <del>M</del>		
BAHTAFE			
FILE			
U.S.G.S.			
LAND OFFICE		l	
THAMIPORTER	OIL		
OPENATOR			
			1

## OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

	LAND OFFICE  TRANSPORTER OIL  OAB	REQUEST FOR AN AUTHORIZATION TO TRANSP	ID .	RAL GAS		·					
I.	PROBATION OFFICE										
	Amoco Production Compan	У									
	501 Airport Drive, Farm	ington, NM 87401	Other (Pleas	e explain)							
	Peason(s) for filing (Check proper box) New Woll	Change in Transporter cl:									
	Recompletion	Oil Dry Gas									
	Change in Ownership	Casinghead Gas Condens	sale 🔼								
•	If change of ownership give name and address of previous owner										
11.	DESCRIPTION OF WELL AND L	EASE Well No.   Pool Name, Including Fo	ormation	Kind of Lease		Leass No.					
	J. C. Gordon "D"	4 Basin Dakot		State, Federal	recerat	J <u>SF 077952</u>					
	Unit Letter P : 840	Feet From The South Line	and /90	Feet From T	he <u>East</u>						
	Eine of Section	nship 27N Range	TOW , NMPI	<i>a,</i> S	an Juan	County					
111.	DESIGNATION OF TRANSPORT  Name of Authorized Transporter of Oil	ER OF OIL AND NATURAL GA	S Address (Give address	to which approv	ed copy of this form is i	to be sent)					
	Giant Industries, Inc.		P.O. Box 256,	Farmingto	n, NM 8740L	NM 8740 L copy of this form is to be sent)					
	Name of Authorized Transporter of Cast		P.O. Box 990,								
	El Paso Natural Gas Co If well produces oil or liquids,	mpany Unit Sec. Twp. Rge.	Is yas actually connec	ted? Whe	n .						
	give location of tanks.	P   23   27N   10W									
₹V.	If this production is commingled with COMPLETION DATA	Cil Well Gas Well	New Well Workover		Plug Back   Same Re	s'v. Diff. Res'v.					
	Designate Type of Completion	Date Compl. Ready to Prod.	Total Depth		P.B.T.D.						
	Date Spudded	Date Compt. Neddy to 7 tou.									
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth						
	Perforations				Depth Casing Shoe						
		TUBING, CASING, AND CASING & TUBING SIZE	CEMENTING RECORD  DEPTH SET		SACKS CEMENT						
	HOLE SIZE	CASING & TUBING SIZE									
V.	TEST DATA AND REQUEST FO	OR ALLOWABLE (Test must be a	fter recovery of total voi	lume of load oil (	and must be equal to or	exceed top allow-					
	OIL WELL   Date First New Oil Run To Tanks	Date of Test	Producing Method (Fig								
			Casing Pressure		Choka Size						
	Length of Test	Tubing Pressure	Casing								
	Actual Prod. During Test	Cil-Bbls.	Water-Bbls.		Gas-MCF						
	GAS WELL		Bbls. Condensate/MM	CF.	Gravity of Condensat						
	Actual Prod. Test-MCF/D	Length of Text									
	Testing Method (pitot, back pr.)	Tubing Freesure (Shut-in)	Casing Pressure (5ht		Choke Size						
٧I	CERTIFICATE OF COMPLIANCE	TIFICATE OF COMPLIANCE		CONSERVAT	TION DIVISION OCT	2,8 1981					
	I hereby certify that the rules and r	egulations of the Oil Conservation	APPROVED	APPROVED							
Division 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 FRANK T. CHAVEZ SUPERVISOR DISTRICT # 3							
Original Signed By  E. E. (NOSODA  (Signature)		TITLE  This form is to be filed in compliance with RULE 1104.  If this is a request for allowable for a newly drilled or despend well, this form must be accompanied by a tabulation of the deviation that a taken on the well in accordance with RULE 111.									
						District Administrativ	<u>ve Supervisor ————————————————————————————————————</u>	All mactions	of this farm on	ist be filled out comp	dataly for allow-
						(Ti	ile)	able on new and Fill out only		t tit and til for ch	anger of owner,
	(D:	31	II wall name of Outo	ner, or transpor	tor, or other such the						