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อเราหมีของเ	ON		
SANTAFE		1	
FILE			
U.S.G.5.			
LAND OFFICE		}	
TRANSPORTER	OIL		
OPERATOR			
SUCCATION OF	1		

	DISTRIBUTION SANTAFE FILE		ONSERVATION COMMI FOR ALLOWABLE AND	SSION	Form C=104 Supersedes Old C=104 and C=110 Effective 1=1=65					
	U.S.G.S.  LAND OFFICE  TRANSPORTER OIL GAS	AUTHORIZATION TO TRA	INSPORT OIL AND N	ATURAL GAS						
I.	OPERATOR PROPATION OFFICE				- 14205					
•	Amoco Production Compan	W								
	01 Airport Drive, Farmington, NM 87401  ason(s) for filing (Check proper box)  Other (Please explain)									
	New Well	Change in Transporter of:  Oil Dry Ga								
	Recompletion Change in Ownership	CII Dry Ga Castaghead Gas Conden	771							
	If change of ownership give name and address of previous owner									
Ħ.	DESCRIPTION OF WELL AND I	EASE		Kind of Lease	· · · · · · · · · · · · · · · · · · ·					
	Martin Gas Com "G"	Well No. Pool Name, including Fo	1	State, Federal or Fee	Federal SF079596					
		Feet From The South Lin	e and <u>1840</u>	_ Feet From The	East					
	Line of Section 14 Tow	mshtp 27N Range	10W , NMPM,	San	Juan County					
11.	DESIGNATION OF TRANSPORT	CER OF OIL AND NATURAL GA	Asidress (Give address to	which approved cop	y of this form is to be sent)					
	   Plateau Incorporated		4775 Indian Sch	nool Rd. NE.	Albuquerque, NM 8711(					
	Name of Authorized Transporter of Cas El Paso Natural Gas Com		Address (Give address to which approved copy of this form is to be sent)  P.O. Box 990, Farmington, NM 87401							
	If well produces oil or liquids,	Unit Sec. Twp. Age.	Is gas actually connecte							
	give location of tanks.  If this production is commingled wit	h that from any other lease or pool,	NO give commingling order	number:						
	COMPLETION DATA	Off Well Gas Well	New Well Workover		Back   Same Res'v.   Diff. Res'v.					
	Designate Type of Completio		X Total Depth	P.B.	T.D.					
	Date Spudded 5-23-80	Date Compl. Ready to Prod. 8-7-80	6952'		6914'					
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay 6677 *	Tubir	6804 *					
	6393 GL	Dakota	1 6677	Depth	a Casing Shoe					
	6677-6691', 6718-6725',	D CEMENTING RECOR	<u>_</u>	6950 <b>'</b>						
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SE		SACKS CEMENT					
	12-1/4" 7-7/8"	8-5/8", 24.0# 4-1/2", 10.5#	302 <b>'</b>		315					
	<u> </u>	2-3/8"	6804							
٦.	TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or acceed top allowable for the for full 24 hours)									
,.	OH, WELL Date First New Oil Run To Tanks	Producing Method (Flow	,							
		Tubing Pressure	Casing Pressure	Chol	Size					
	Length of Test			Gas	SEP 1 S 1980					
	Actual Prod. During Test	Off-Bbis.	Water - Bbls.		OIL CON. COM.					
	GAS WELL Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	Grav	ity of Condensate					
	Testing Method (pitot, back pr.)	3 hours Tucing Pressure (Shut-in)	Cosing Pressure (Shut	-in) Chek	e Size					
	Back Pressure	1215 PSIG	1312 PSIG	·	.75					
• • •	CERTIFICATE OF COMPLIANO	CE	OIL	SEP 25	JRC 1 COMMISSION					
	I hereby certify that the rules and regulations of the Oil Conservation		APPROVED							
Commission have been complied with and that the information given above is true and complete to the best of my knowledge and belief.    District Administrative Supervisor (Title)   9-11-80			Original Signed by FRANK T. CHAVEZ  SUPERVISOR DISTRICT # 3							
				This form in to be filed in compliance with mut. E 1104.						
			If this is a request for sllowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation twats taken on the well in accordance with MULE 111.  All sections of this form must be filled out completely for allowable on new and recompleted wells.							
							Wall name or number	Fill out only Sections I. H. HI, and VI for changes of owner, wall name or number, or transporter, or other such change of condition.		
							Separate Forms C-104 must be filed for each pool in multiply completed wells.			