

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-105
Effective 1-1-65

RECEIVED	5
TRANSPORTATION	
DATE	1
FILE	1
LAND OFFICE	
TRANSPORTER	OIL 1
	GAS
OPERATION	2
REGISTRATION OFFICE	

Operator
Amoco Oil & Gas Company
Address
P. O. Drawer 570, Farmington, New Mexico 87401
Location for filing (Check proper box) Other (Please explain)
New Well ☐ Change in Transporter of:
Recompletion ☐ Oil ☐ Dry Gas ☐ EFFECTIVE 4-1-71
Change in Ownership ☐ Casinghead Gas ☐ Condensate ☒

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Well Name Hill	Well No. #3	Pool Name, Including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee	Lease No. SF-078487
Location Unit Letter: B, 990 Feet From The North Line and 1650 Feet From The East Line of Section 10 Township 29 North Range 8 West, NMPM, San Juan County				

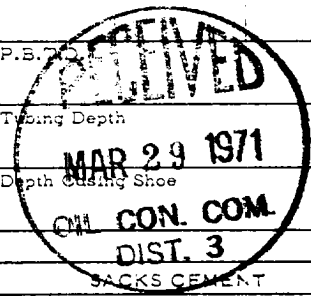
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ Plateau, Inc.	Address (Give address to which approved copy of this form is to be sent) P. O. Box 108, Farmington, New Mexico	
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)	
If well produces oil or liquids, give location of tanks.	Unit	Sec.
	Twp.	Rge.
	Is gas actually connected?	When

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

Designate Type of Completion - (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res't	Diff. Res't
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B. 70			
Elevations (DB, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth			
Perforations					Depth Casing Shoe			
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT			



V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL

(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)

Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing, valves (pilot, back pr.)	Tubing Pressure (Chart-1a)	Casing Pressure (Chart-1a)	Choke Size

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.

(Signature)
District Superintendent
(Title)
March 25, 1971
(Date)

OIL CONSERVATION COMMISSION

APPROVED MAR 20 1971
BY Original Signed by Emery C. Arnold
SUPERVISOR

TITLE
This form is to be filed in compliance with RULE 1104.
If this is a request for allowable 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 well name or number, or transporter, or other such change of well.
Separate Forms C-104 must be filed for each pool in multiply completed wells.