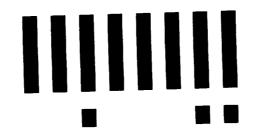
,					
i	SO. OF CO-ING MECEIVED				
1	DISTRIBUTION				
i	SANTA FE		1		
	FILE				
	U.S.G.S.			ļ —	
- 1	LAND OFFICE			L	
	TRANSPORTER	OIL	1	<u> </u>	
		G A S			
	OPERATOR		1	ļ	
i.	PRORATION OFFICE			<u> </u>	
••	Operator				
	AMOCO PRODUC				
	Address				
	501 Airport				
	Reason(s) for filing (Check proper box				
	New Well				
	Recompletion	i			

NEW MEXICO OIL CONSERVATION COMMISSION

	REQUEST FOR ALLOWABLE			ersedes Old C-104 and C-110 active 1-1-65	
ļ	FILE	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS		s ·	
ا	LAND OFFICE	AUTHORIZATION TO TRAIN			
-	OIL I				
	TRANSPORTER GAS				
	OPERATOR /			:	
8 · L.	PRORATION OFFICE				
	AMOCO PRODUCT	ION COMPANY			
1	Address	New Mere West M	exico 87401		
	501 Airport I	rive, Farmington, New Me	Other (Please explain)		
ŧ	Reason(s) for filing (Check proper box) (New Well	Change In Transporter of:	Original hook-up	for	ndensate
ļ	Recompletion	OII Dry Gas			
	Change in Ownership	Casinghead Gas Condens	ate []		
1	f change of ownership give name		·		
6	and address of previous owner				
91 7	DESCRIPTION OF WELL AND L	EASE	Kind of Lease		Lease No.
	Lease Name	men non	State, Federal	cr Fee	deral SF 077091
	H. G. Cole	1 Blanco Picture	d Cliffs		
i	Location	Feet From The South Line	and 1650 Feet From T	he	lest
	Unit Letter N = 805			n Ju	County
	Line of Section 15 Town	ship 29-N Range	9-W , NMPM, Sa		
•	- mm thichon	ER OF OH AND NATURAL GAS	5		The Company of the Company
III.	DESIGNATION OF TRANSPORT Name of Authorized Transporter of Oil	or Condensate			this form is to be sent) LCO 87401
			Box 108, Farmington, N Address (Give address to which approx	ed cop	this form is to be sent)
	Plateau Inc. Name of Authorized Transporter of Casi		Box 990, Farmington, N		1co 87401
	El Paso Natural Gas C	Unit Sec. Twp. Rge.	Is gas actually connected? Whe	∍n	
	If well produces oil or liquids,				
	give location of tanks. If this production is commingled with	that from any other lease or pool,	give commingling order number:		
IV	If this production is commingted with COMPLETION DATA		New Well Workover Deepen	Plug	k Same Res'v. Diff. Res'v.
1 ♥ .	Designate Type of Completio	O11 We1.	1		
		Date Compl. Ready to Prod.	Total Depth	P.B.	
	Date Spudded			Tubi	Depth
	Elevations (DF, RKB, RT, GR, etc.,	Name of Producing Formation	Top Oil/Gas Pay		
			1	Dept	asing Shoe
	Perforations				
			CEMENTING RECORD		SACKS CEMENT
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		
				1	to or exceed top allow:
11/	. TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be a	after recovery of total volume of load oil epth or be for full 24 hours)	and mu	och a
٧	ON WELL	Date of Test	Producing Method (Flow, pump, gas l	ift, etc.	TOFI FIVEN
	Date First New Oil Run To Tanks	But of 1954		Cho	KLULITU
	Length of Test	Tubing Pressure	Casing Pressure	Calo	III 1 1 1072
			Water - Bbls.	Gan	- JUN 1 1 131 3
	Actual Prod. During Test	Oil-Bols.			OIL CON. COM.
					DIST. 3
	GAS WELL		Bbls. Condensate/MMCF	Gra	of Condensate
	Actual Frod. Test-MCF/D	Length of Test	DDIS. CORDENSATE/WHO		
		Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Che	Size
	Testing Method (pitot, back pr.)				
	L CERTIFICATE OF COMPLIAN	ICE	OIL CONSERV	ATIO	COMMISSION
V			APPROVED		1 1 1973, 19
	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.		Omining! Signed	pa: 1	ry C. Arnold
			BY Original Signed	RVIS	DIST. #3
	Shoke In tide and conferen		TITLE		
	11.1		This form is to be filed I	n comp	ace with RULE 1104.
44 Hamilton		If this is a request for all	lowable panied	r a newly drilled or deepend a tabulation of the deviation	
	(Signature)		This form is to be filed in If this is a request for all well, this form must be accome tests taken on the well in accome.	corden	with RULE 111.
	Area Administrati	ve Supervisor	All sections of this form	must D	ited out completely and
		Title)	able on new and recompleted Fill out only Sections I, well name or number, or transp	11. II	nd VI for changes of owner such change of condition
	Jime 8, 1973	Date)	well name or number, or transp	orres c	The sect of significant



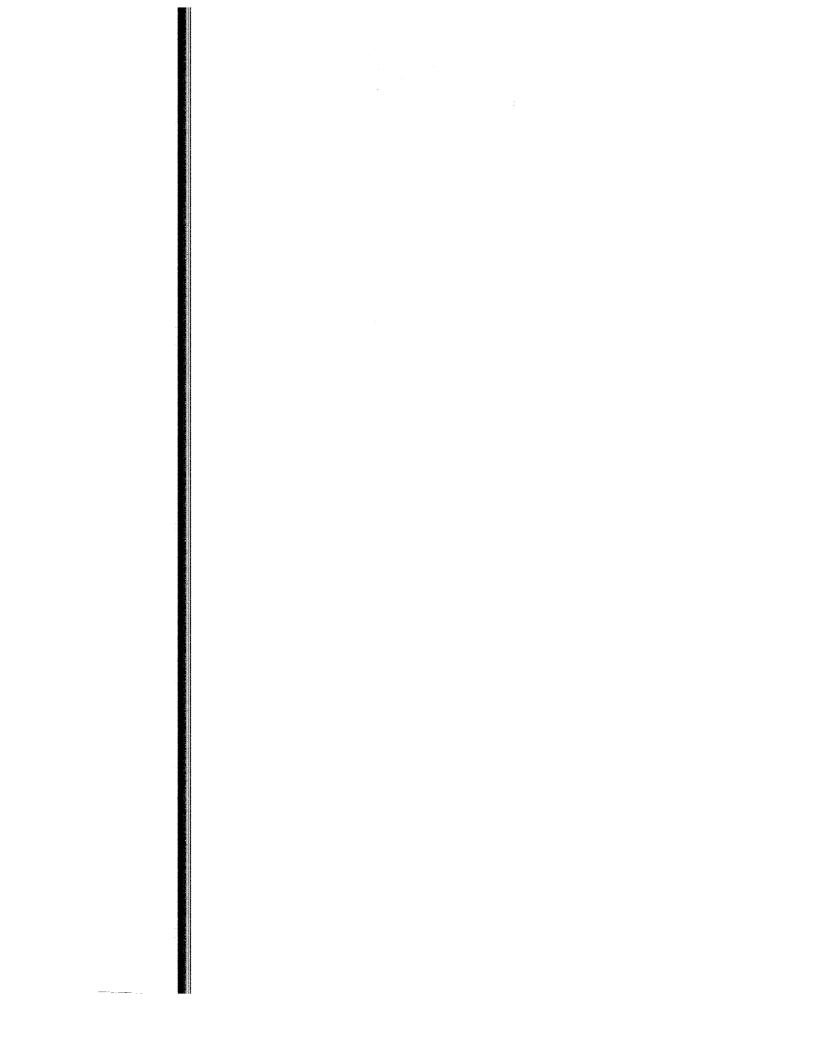
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T LTR



Job separation sheet



STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

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rice			
v.4.6.4.		1	7-
LANG OFFICE			
**********	016	1	
	-		\top
OPERATOR			7
PROBATION OFFICE			

OIL CONSERVATION DIVISION P. O. BOX 2086 SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE AND

wsed 10-01-78 NH 06-01-43

I. AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL GAS
Amoco Production Company	
501 Airport Drive Farmington, NM 87401	Other (Pleased House C. S.)
New Well Change in Transporter of: Olf Change in Ownership Casingheet Gas	Cery Case Condenses FEB 15 198
If change of awnership give name	OIL CONST. V.
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, including	
	ured Cliffs State, Foderal or Foo Fe tral SF077091
Unit Letter N : 805 Feet Free The South	tao end 1650 Free Free The West
Line of Section 5 Termohip 29 N Flange	9 11 NMPE: San Ju n County
IL DESIGNATION OF TRANSPORTER OF OIL AND NATURA Name of Authorized Transporter of CIL or Condensate	L GAS
Permian Corp. Permisn (EH. 9 / 1 /87)	P. O. Box 1702 Farmington, N. 87499
Name of Authorized Transporter of Casinghood Gas or Dry Gas STET Pasn Natural Gas Company	P. O. Box 990 Farmington, N. 87401
If well preduces all or liquids, Unit Sec. Twp. Ras. que location of tanks. N:15:29N:9W	is das actually connected? When
If this production is commingled with that from any other lease or pool,	give commingling order number:
NOTE: Complete Parts IV and V on reverse side if necessary.	
Л. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVIS N
hereby certify that the rules and regulations of the Oil Conservation Division have seen complied with and that the information given is true and complete to the best of	APPROVED FFB 5 1885
ny knowledge and belief.	BY Standard
RiNSI	TITLE SUPERVISO DETRICT # 3
- I)!) Shaw	This form is to be filed in compliance we RULE 1104. If this is a request for sllowable for a many drilled or despended
(Signature) Admin. Supervisor	well, this form must be accompanied by a tab ation of the deviation tests taken on the well in accordance with A g 111.
1-2-85	All sections of this form must be filled of immpletely for allowable on new and recompleted wells.
(Date)	Fill out only Sections I. II. (II. and VI changes of owner, well name or number, or transporter, or other au change of condition.
il	Separate Forms C-104 must be filled for ch pool in multiply

Separate Fo completed wells.

