DISTRIBUTION NEW MEXICO OIL CONSERVATION COMMISSION Form C-104 SANTA FF REQUEST FOR ALLOWABLE Supersedes Old C-104 and C-11(LΕ Effective 1-1-65 AND U.S.G.S. AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS LAND OFFICE OIL TRANSPORTER GAS OPERATOR PRORATION OFFICE 1. Operator AMOCO PRODUCTION COMPANY Airport Drive, Farmington, New Mexico 87401 Reason(s) for filing (Check proper box) Other (Please explain) X New Well Change in Transporter of Recompletion Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner ___ II. DESCRIPTION OF WELL AND LEASE | Well No. | Pool Name, Including Formation Kind of Lease Lease No Jaquez Gas Com "B" State, Federal or Fee Blanco Mesaverde FEE 1070 Feet From The North Line and 1070 Feet From The Unit Letter West Township 29N Range QU , NMPM. San Juan County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Plateau, Inc. Name of Authorized Transporter of Casinghead Gas P. O. Box 108, Farmington, New Mexico 87401 or Dry Gas Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company P. O. Box 990, Farmington, New Mexico Sec. Rge. If well produces oil or liquids, give location of tanks. Twp. Is gas actually connected? D 29N If this production is commingled with that from any other lease or pool, give commingling order number: IV. COMPLETION DATA Oil Well Gas Well New Well Workover Deepen Plug Back | Same Res'v. Diff. Res'v. Designate Type of Completion - (X) Date Spudded Date Compl. Ready to Prod. Tctal Depth P.B.T.D. 12=20-76 Elevations (DF, RKB, RT, GR, etc.) 1-22-77 4775 4730' Name of Producing Formation Top Oil/Gas Pa Tubing Depth 5639' GL, 5652' KB Mesaverde 3863-Perforations 3863-65, 3870-80, 3886-88, 3894-3926, 3930-50, 3991-4028, 4043, Depth Casing Shoe 4561' 4057-62, 4096-4100, 4138, 4199-4201, 4229-42, 4342-45, 4405-07, 4465, 4775' 4487-4504, 4515-31, 4547-4582' TUBING, CASING, AND CEMENTING RECORD CASING & TUBING SIZE HOLE SIZE DEPTH SET SACKS CEMENT 12-1/4" 9-5/8" 2561 280 8-3/4" 7" 26501 510 6-1/4" 4-1/2" 2448-47751 275 V. TEST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to ar exceed top allowable for this depth or be for full 24 hours) OIL WELL Date First New Cil Run To Tanks Date of Test Producing Method (Flow, pump, gas lift, of ca Length of Test Tubing Pressure Casing Pressure Choke Size Actual Prod. During Test Oil-Bbls. Gas -MCF Water - Bbis. (**GAS WELL** Actual Prod. Test-MCF/D Length of Test Bbls. Condensate/MMCF Gravity of Condensate 1831 Testing Method (pitot, back pr.) 3 hr. Tubing Pressure (Shut-in) Casing Pressure (Shut-in) 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.

ElSvoloda (Signature)

Area Adm. Supvr.

February 15, 1977

(Date)

OIL CONSERVATION COMMISSION

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 owner, well name or number, or transporter, or other such change of condition.