1.	DISTRIBUTION SANTA FE F'LE L.S.G.S. LAND OFFICE TRANSPORTER OPERATOR PRORATION OFFICE	·	CONSERVATION COMM FOR ALLOWABLE AND ANSPORT OIL AND I		Form C-104 Supersedes Old Effective 1-1-65						
	AMOCO PRODUCTION COMPANY .										
	Address 501 Airport Drive Farmington, NM 87401										
	Reason(s) for filing (Check proper box) New Well X Change in Transporter of: Recompletion Oil 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 Name A I Filiant "D"	Well No. Pool Name, Including I 7 Blanco Picture		Kind of Lease State, Federal or	Fee Federal SI	Lease No.					
	Location										
	Line of Section 11 To	wnship 29N Range	9W , NMPM	, San Juar	1	County					
III.	DESIGNATION OF TRANSPOR Name of Authorized Transporter of Oil	TER OF OIL AND NATURAL G	AS Address (Give address	to which approved	copy of this form is to	be sent)					
	Name of Authorized Transporter of Ca El Paso Natural Gas (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, give location of tanks.	Unit Sec. Twp. Rge.	Is gas actually connecte No	1	proximately 90) davs					
		th that from any other lease or pool,	·····	<u></u>	J. J. C. L.	, aay 5					
IV.	Designate Type of Completi	on - (X) Gas Well	New Well Workover	Deepen P	lug Back Same Res	v. Diff. Res'v.					
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P	.B.T.D.						
	3/16/78	3/29/78	2703		2642						
	Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay		Tubing Depth						
	5887*	Pictured Cliffs	2495'		2566 Depth Casing Shoe						
	2405-2520 2538-48				2703'						
	TUBING, CASING, AND CEMENTING RECORD										
	HOLE SIZE	CASING & TUBING SIZE	DEPTH SET		SACKS CEMENT						
	12-1/4"	8-5/8"	268'		260 sx						
	7-7/8"	4-1/2"	2703'		625 sx						
		2-3/8"	2566'								
v.	TEST DATA AND REQUEST F	OR ALLOWABLE (Test must be able for this d	after recovery of total volu lepth or be for full 24 hours		must be equal to or ex	ceed top allow-					
	Date First New Oil Run To Tanks	Run To Tanks Date of Test		, pump, gas lift, e	i, etc.)						
	Length of Test	Tubing Pressure	Casing Pressure		Choke Size						
	Actual Prod. During Test	Oil-Bhis.	Water-Bbls.		Gas - MCF						
		Crist and	104 6 18 18 18 18 18 18 18 18 18 18 18 18 18								
	Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMC	F 12	rayity of Condensate	/					
i		3 hours				F-					
	1405 Testing Method (pitot, back pr.)	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.

Back Pressure

Original Signed 🖁	X
E. E. SVOBODA	
(Signature)	
Area Administrative (Tule)	Supervisor
4/7/78	
(Date)	

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<u>.7</u>5" OIL CONSERVATION COMMISSION

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BY_		SUPERVI				
BY_	Original	Signed	by A	1. R.	Kendrick	
APP	ROVED		·			19

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. Carrier Frame C 104 must be filed for most in multiply