NO. OF COPIES RECEIVED			5		
DISTRIBUTION			I		
SANTA FE		1			
FILE		1			
U.S.G.S.		1			
LAND OFFICE					
TRANSPORTER	OIL	1			
	GAS	1			
OPERATOR		1			

110

	NO. OF COPIES RECEIVED 5  DISTRIBUTION  SANTA FE		CONSERVATION CON		Form C-104				
	FILE /	AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAS				Supersedes Old C-104 and C- Effective 1-1-65			
	TRANSPORTER OIL / GAS /			22					
I.	OPERATOR / PRORATION OFFICE								
••	Operator					<del>-</del>			
	AMOCO PRODUCTION	ON COMPANY		·····					
	501 Airport Dr	ive, Farmington, New Mex	ico 87401						
	Reason(s) for filing (Check proper bo		Other (Plea	se explain)					
	Recompletion	Change in Transporter of: Oil Dry (	Gas						
	Change in Ownership	Casinghead Gas Cond	densate						
	If change of ownership give name and address of previous owner								
II.	DESCRIPTION OF WELL AND Lease Name	Vell No. Pool Name, Including	Formation	Kind of Lease	-,-	Lease No.			
	Rosa Unit	54 Basin Dako	ta	State, Federal or Fed	Federal				
	Unit Letter K; 1	585 Feet From The <b>South</b> L	ine and 1575	Feet From The	West				
ļ	Line of Section 36 To	ownship <b>31-N</b> Range	5-W , NMP	M, Rio A	rriba	County			
tI.	DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL G	AS Address (Give address	to which approved cop	y of this form is t	o be sent)			
}	Plateau, Inc. Name of Authorized Transporter of Co	asinghead Gas or Dry Gas	P. O. Box 10: Address (Give address	8. Farmington. to which approved copy	New Mexico	9 87401 be sent)			
	Northwest Pipeline (		501 Airport 1	Drive, Farming	ton. New M	ex1eo 874			
	If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge.	is gas actually connec	ted? When					
V. <u>(</u>	f this production is commingled w	ith that from any other lease or pool	, give commingling orde	er number:					
	Designate Type of Complete	on - (X) Gas Well  Date Compl. Ready to Prod.	New Well Workover  X  Total Depth	Deepen Plug	 	v. Diff. Restv			
	<b>8-20-73</b> Elevations (DF, RKB, RT, GR, etc.,	9-26-74 Name of Froducing Formation	8550 Top Oil/Gas Pay		8460°				
	6800 GL, 6813 KB	Dakota	8328*		82571				
-	8328-8435' x 1 SPF				Casing Shoe				
ŀ	HOLE SIZE	TUBING, CASING, AN	DEPTH S		SACKS CEM	ENT			
	15"	10-3/4"	311		300 ax				
-	9-7/8"	7-5/8"	40351		800 ax				
-	6-3/4"	4-1/2" 2-3/8"	8550 S		600 sx				
_(	EST DATA AND REQUEST FOR ALLOWABLE (Test must be after recovery of total volume of load oil and must be equal to or exceed top allow able for this depth or be for full 24 hours)								
	Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow	v, pump, gas lift, etc.)					
	Length of Test	Tubing Pressure	Casing Pressure	Choke	Size				
	Actual Prod. During Test	Oil-Bbis.	Water - Bbls.	Gas-1	MCF				
(	GAS WELL								
	Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMC	F Gravit	y of Condensate	<del></del>			
-	84 Testing Method (pitot, back pr.)	3 hr. Tubing Pressure(Shut-in)	Casing Pressure (Shut	-in) Choke	Size				
L	Test Separator	1150	80		3/4"	<del></del>			
	CERTIFICATE OF COMPLIAN		11	CONSERVATION	<b>—</b> .				
С	ommission have been complied v	regulations of the Oil Conservation with and that the information given			,				
ai		e best of my knowledge and belief.	TITLE	med by Emery ( SUPER'	VISOR DIST.	#3			
	A. Cal	12 1 12 1		he filed in complies	nce with mu! =	1104			

## VI.

Hamilton (Signature)

Area Administrative Supervisor

(Title)

October 29, 1974

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.

Separate Forms C-104 must be filed for each pool in multiply completed wells.