1.	DISTRIBUTION SANTA FE F LE L S.G.S. LAND OFFICE IRANSPORTER GAS / CPERATOR / PRORATION OFFICE Goergion		ENSERVATION COMMIS FOR ALLOWABLE AND NSPORT OIL AND N		Form C-104 Supersedes Old Effective 1-1-6	l C-104 and C-1 5
	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	3				
II.	DESCRIPTION OF WELL AND I	Well No. Pool Name, Including Fo		Kind of Lease		Lease No.
	Rosa Unit	61 Basin Dakota		Stat e , Federal or Fee	Federal	SF078762
	Unit Letter N : 1020 Feet From The South Line and 1570 Feet From The West					
	Line of Section 13 Township 31-N Bange 5-W , NMPM, Rio Arriba County					
III.	DESIGNATION OF TRANSPORT	ER OF OIL AND NATURAL GA	S ! Address (Cive address to	which approved cop	y of this form is 1	o be sent)
	Name of Authorized Transporter of Oil Plateau, Inc.		P.O. Box 108	Farmington,	NM 874 01	
	Name of Authorized Transporter of Cas		Address (Give address to		y of this form is i	to be sent)
	If well produces oil or liquids, give location of tanks.	N 13 31-N 5-W	is gas actually connecte No	!		
IV.	If this production is commingled with that from any other lease or pool, give commingling order number: COMPLETION DATA Out Well Gas Well New Well Workover Deepen Plug Back Same Resty. Diff. Resty					
	Designate Type of Completio	n = (X) Oil Well Gas Well X	i X	Deepen Flag	June 110.	t
	Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.1	8282'	
	8/30/77 Elevations (DF, RKB, RT, GR, etc.)	Name of Froducing Formation	8350 Top Oil/Gas Pay Tu		ubing Depth	
	6527' GL, 6540' KB	Dakota	8066'		8207'	
	Perforations	h		Depth	Casing Shoe 8318	
	8066-8222' x 2 SPF TUBING, CASING, AND CEMENTING RECORD					
	riOLE SIZE	CASING & TUBING SIZE	DEPTH SE	1	SACKS CE	MENT
	15"	10-3/4" Csg.	324'		300	
	9-7/8"	7-5/8" Csg.	4000'		1050 800	
	6-3/4"	4-1/2" Csg. 2-3/8" Tubing	8318' 8207'			
V.	TEST DATA AND REQUEST FOR ALLOWABLE (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.)	ATTIN .	Tr.
	Length of Test	Tubing Pressure	Casing Pressure	Chei	6 size	Mark Comment
	Act of Prod. During Test	Cil-Bbls.	Water - Bbis.	Gas -	MCFED 7	1977

Area Administrative Supervisor

(Title)

12/6/77 (Date)

Bbls. Condensate/MMCF

APPROVED

Cosing Pressure (Shut-in)

2032

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.

Length of Test

Tubing Pressure (Shut-in)

3 hours

2032

GAS WELL

Actual Prod. Test-MCF/D

4074

Testing Method (pitot, back pr.)

Back Pressure

VI. CERTIFICATE OF COMPLIANCE

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepens well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

OIL CONSERVATION COMMISSION

(Condensate

0.75"

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 owne well name or number, or transporter, or other such change of condition Comments Comment Control of the for some and in multing