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SANTA FE		/	
FILE			
U.S.G.S.			
LAND OFFICE		Ĺ	
TRANSPORTER	OIL	1	
	GAS	7	
OPERATOR		1	
PRORATION OFFICE			

SANTA FE		T FOR ALLOWABLE	Supersedes Old C-104 and C-116	
FILE		AND	Effective 1-1-65	
U.S.G.S.	AUTHORIZATION TO TR	RANSPORT OIL AND NATURAL (GAS	
LAND OFFICE				
TRANSPORTER OIL	/ 			
OPERATOR	<u></u>			
PRORATION OFFICE				
Operator			· · · · · · · · · · · · · · · · · · ·	
AMOCO PRO	DUCTION COMPANY			
Address	ut Poles Verrilation New Me	mieo 87401		
	rt Drive, Farmington, New Me			
Reason(s) for filing (Check pro		Other (Please explain)		
New We!1	Change in Transporter of: OH Dry (Ggs 🗔		
Recompletion		densate		
Change in Ownership	edamigneda das			
If change of ownership give				
and addiess of previous own	er			
II. DESCRIPTION OF WELL	AND LEASE			
Lease Name	Well No. Pool Name, Including		I OUT -	
Elliott Gas Com	C" 1A Blanco Mess	sverde State, Feder	al or Fee 87 078139	
Location			77a a 4a	
Unit Letter E	1640 Feet From The North	line and Feet From	The West	
		0.11	Juan County	
Line of Section 9	Township 30-N Range	9-W , NMPM, Sar	1 Juan County	
	CONCRETED OF OUR AND NATURAL (346		
Name of Authorized Transport	SPORTER OF OIL AND NATURAL G	Address (Give address to which appro	oved copy of this form is to be sent)	
1			ston, New Mexico 87401	
Name of Authorized Transport	er of Casinghead Gas or Dry Gas	Address (Give address to which appro		
El Paso Natural		P. O. Box 990, Farming	gton, New Mexico 87401	
If well produces oil or liquids	Itali Sec. Twp. Rge.	Is gas actually connected? W	ner	
give location of tanks.		No		
If this production is commin	gled with that from any other lease or poo	1, give commingling order number:		
IV. COMPLETION DATA			D. Dark Care Bacto Diff Posts	
Designate Type of Co	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Resty. Diff. Resty.	
Designate Type of Co	implection = (X)	X	P.B.T.D.	
Date Spudded	Date Compl. Heady to Prod.	Total Depth 5510'	5463'	
6-23-76	7-18-76 Name of Producing Formation	Top Cil/Gas Pay	Tubing Depth	
Elevations (DF, RKB, RT, GR	Mesaverde	4636 '	5353'	
6219' GL	ATTIK QK! ATGN_ARTI ARTT	-35' 4960-82' 5014-24'	Depth Casing Shoe	
5124-29' 5137-41	, 5185-89', 5228-63' , 5272-	76', 5288-5311', 5323-39	5506'	
5348-54', 5367-71'	X 1 SPF TUBING, CASING, A	ND CEMENTING RECORD		
HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT	
12-1/4"	9-5/8"	268	280	
8-3/4"	7"	3373'	800	
6-1/4"	4-1/2" liner	3192-5506'	325	
	2-3/8" tubing	5353'	<u>.i.</u>	
V. TEST DATA AND REQU	EST FOR ALLOWABLE (Test must be	e after recovery of total volume of load oil depth or be for full 24 hours)	l and must be equal to or exceed top allow	
OIL WELL	Lote joi titta	Producing Method (Flow, pump, gas l		
Date First New Cil Run To To	Date of 1981			
Length of Test	Tubing Pressure	Casing Pressure	Choke Size	
Langth of less	. abing . rees_r			
Actual Prod. During Test	Oil-Bbls.	Water-Bbls.	Gas-MCF	
Actual Float Dailing 1991				
1				
GAS WELL				
Actual Prod. Test-MCF/D	Length of Test	Bbis. Condensate/MMCF	Gravity of Condensate	
3363	3 hr.			
Testing Method (pitot, back p	r.) Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size	
Back Pressure	716 psig	714 psig		
VI CERTIFICATE OF COM	PLIANCE	OIL CONSERV	ATION COMMISSION	
		8 · ·	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
I hereby certify that the rul	es and regulations of the Oil Conservation	Original Signed	A. S. Sendrick 19	
	nplied with and that the information give e to the best of my knowledge and belie	f. BY	<u> </u>	
above is true and complete	· ··· ··· · · · · · · · · · · · · · ·	TITLE SUBBIL	10 Tuberu 9 2	
		[]		
(6-1		This form is to be filed in	compliance with RULE 1104.	
~ C-10	coloda	If this is a request for allo	wable for a newly drilled or deepened panied by a tabulation of the deviation	
	(Signature)	well, this form must be accomp	andence with Bill F 111.	

C.C. Icolada
(Signature)
Area Adm. Supvr.

August 9, 1976

(Date)

(Title)

APPROVEDOriginal	Signed to A. S. Sendrick, 19

tests taken on the well in accordance with RULE

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.