

I.

PRODUCTION OFFICE		PRODUCTION OFFICE	
Operator			
AMOCO PRODUCTION COMPANY			
Address			
501 Airport Drive, Farmington, New Mexico 87401			
Reason(s) for filing (Check proper box)		Other (Please explain)	
New Well	<input checked="" type="checkbox"/>	Change in Transporter of:	
Recompletion	<input type="checkbox"/>	Oil	<input type="checkbox"/>
		Dry Gas	<input type="checkbox"/>
Change in Ownership	<input type="checkbox"/>	Casinghead Gas	<input type="checkbox"/>
		Condensate	<input type="checkbox"/>

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

DESCRIPTION OF WELL AND LEASE										
Lease Name		Well No.	Pool Name, Including Formation			Kind of Lease State, Federal or Fee		Federal	Lease No.	
E. E. Elliott "A"		1A	Blanco Mesaverde					SF	078139	
Location										
Unit Letter		0	1180		Feet From The		South	Line and		
							1480	Feet From The		
							East			
Line of Section		15	Township		30-N	Range		9-W	, NMFM, San Juan County	

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>					P. O. Box 108, Farmington, New Mexico 87401	
Plateau, Inc.					Address (Give address to which approved copy of this form is to be sent)	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					P. O. Box 990, Farmington, New Mexico 87401	
El Paso Natural Gas Company					Is gas actually connected? When	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	No	

If this production is commingled with that from any other lease or pool, give commingling order number:

IV. COMPLETION DATA

COMPLETION DATA		Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Res'v.	Diff. Res'v.
Designate Type of Completion - (X)			X	X					
Date Spudded	Date Compl. Ready to Prod.		Total Depth		P.B.T.D.				
6-14-76	7-9-76		5390'		5356'				
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation		Top Oil/Gas Pay		Tubing Depth				
6157' GL	Masaverde		4560'		5271'				
Perforations 4560-81', 4649-72', 4676-99', 4706-32', 4852-94', 4990-5010', 5134-43', 5151-86', 5189-94', 5200-07', 5214-60' x 1 SPF					Depth Casing Shoe				
					5388'				
TUBING, CASING, AND CEMENTING RECORD									
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET		SACKS CEMENT				
12-1/4"	9-5/8" csg.		248'		280				
8-3/4"	7" csg.		3300'		780				
6-1/4"	4-1/2" liner		3097-5388'		330				
	2-3/8" tbg.		5271'						

V. TEST DATA AND REQUEST FOR ALLOWABLE OIL WELL (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)

OIL WELL			
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas lift, etc.)	
Length of Test	Tubing Pressure	Casing Pressure	Choke Size
Actual Prod. During Test	Oil - Bbls.	Water - Bbls.	Gas - MCF

GAS WELL.

GAS WELL			
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
3133	3		
Testing Method (pitot, back pr.)	Tubing Pressure (shut-in)	Casing Pressure (shut-in)	Choke Size
Back Pressure	551	551	.75

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.

E. J. L. ...
(Signature)

Area Adm. Supvr.

(Title)

July 27, 1976

(Date)

OIL CONSERVATION COMMISSION

APPROVED Jul 30 1953, 19 53

Original Signed by A. R. Kendrick

BY _____
TITLE SUPERVISOR DIST. #3

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.

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