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SANTA FE		1	
FILE			
U.S.G.S.		İ	
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
BROBATION OFFICE			

NEW MEXICO OIL CONSERVATION COMMISSION

Form C-104	
Supersedes Old C-104 and	C-110
Effective 1-1-65	

SANTA FE		FOR ALLOWABLE	Supersedes Old C-104 and C-11:							
FILE		AND	Effective 1-1-65							
U.S.G.S.	AUTHORIZATION TO TRA	ANSPORT OIL AND NATURAL (GAS							
LAND OFFICE	-									
TRANSPORTER GAS										
OPERATOR										
I. PRORATION OFFICE Operator										
	AMOCO PRODUCTION COMPANY									
Address										
501 Airport Dri	ve, Farmington, New Mexi	co 87401								
Reason(s) for filing (Check proper bo		Other (Please explain)								
New Well Recompletion	Change in Transporter of: Oil Dry Go									
Change in Ownership	Casinghead Gas Conde									
If change of ownership give name and address of previous owner										
II. DESCRIPTION OF WELL AND	Well No. Pool Name, Including F	Formation Kind of Lease	Lease No.							
Elliott Gas Com "G"	1A Blanco Mesa	verde State, Federa	l or Fee Yee							
Location										
Unit Letter 7 ; 1	80 Feet From The North Lin	ne and <u>1670</u> Feet From	The West							
Line of Section 33 T	ownship 30N Range	QU , NMPM, San	Juan County							
III. DESIGNATION OF TRANSPOL	RTER OF OIL AND NATURAL GA	As Address (Give address to which approx	ued copy of this form is to be sent)							
	or condensate									
Name of Authorized Transporter of C	asinghead Gas or Dry Gas 👿	Address (Give address to which approx	ngton New Mexico 87401 ved copy of this form is to be sent)							
El Paso Natural Gas	COMPANY	P. O. Box 990, Farming	ton, New Mexico 87401							
If well produces oil or liquids,	Unit Sec. Twp. Age.	Is gas actually connected?	en							
give location of tanks.	F 33 30N 9W	No								
If this production is commingled w IV. COMPLETION DATA	with that from any other lease or pool,	give commingling order number:								
	Oil Well Gas Well	New Well Workover Deepen	Plug Back Same Restv. Diff. Restv.							
Designate Type of Complet	1 X	X .								
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.							
11-9-76 Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	4865* Tubing Depth							
5777' GL, 5790' KB	Mesaverde	40621	4797*							
Perforations 4062-74, 4077-	94, 4105-10, 4115-42, 41	46-56, 4197-4227, 4233,	Depth Casing Shoe							
4243-51, 4278-4305, 43	84-91, 4414-20, 4531-38,	4591-4600, 4649, 4655,	49001							
4667-4719, 4726-36, 47	752-85 TUBING, CASING, AN	DEPTH SET	SACKS CEMENT							
12-1/4"	9-5/8" eag.	· · · · · · · · · · · · · · · · · · ·	280							
8-3/4"	7" eag.	28241	640							
6-1/4"	4-1/2" liner	2665-4900 '	270							
	2-3/8" thg.									
	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 allow able for this depth or be for full 24 hours)									
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flow, pump, gas li								
		Casing Pressure	Choke Size							
Length of Test	Tubing Pressure	Casing Figure								
Actual Prod. During Test	Oil-Bbls.	Water - Bbis.	Gas MCF							
			Gas-MCF OIL CON 3							
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate							
2329	3 hr.	, , , , , ,								
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size							
Back Pressure	525	575	0.75							
VI. CERTIFICATE OF COMPLIA	NCE		TION COMMISSION							
			, 19							
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. (Signature) Area Adm. Super. (Title)		By Original Signed by A. R. Xendrick								
				THE SUPERVISOR 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.						
		December 30, 19	· ·				min and services V II III and VI for changes of owner,			
		(1	Date)				well name or number, or transporter, or other such change of condition			
							Separate Forms C-104 mus completed wells.			