NO. OF COPIES RECEIVED		5		
DISTRIBUTION				
SANTA FE		1		
FILE		1		
U.S.G.S.				
LAND OFFICE				
IRANSPORTER	OIL	1		
	GAS			
OPERATOR		1		
		$\Gamma$		

II.

III.

IV.

	<del>-</del>			/	
NO. OF COPIES RECEIVED 5				/	
DISTRIBUTION		ONSERVATION COMMISSION Form C-104			
SANTA FE /	REQUEST	FOR ALLOWABLE Supersedes Old C-104 and C-			
U.S.G.S.		AND Effective 1-1-65			
LAND OFFICE	AUTHORIZATION TO TRA	ANSPORT OIL AND	NATURAL GAS		
OIL /					
TRANSPORTER GAS /					
OPERATOR /					
PRORATION OFFICE					
Operator  AMOCO PRODUCTION	COMPANY				
Address					
SOL Airpert Driv Reason(s) for filing (Check proper bo	e, Farmington, New Mexico	0ther (Pleas	a analaja l		
New Well	Change in Transporter of:	Other (Pleas	e explain)		
Recompletion	Oil Dry Ga	s			
Change in Ownership	Casinghead Gas Conden	<b></b>			
If change of ownership give name and address of previous owner					
DESCRIPTION OF WELL AND		·			
Lease Name	Well No. Pool Name, Including Fo		Kind of Lease	Federal	Lease No.
W. H. Riddle	IA Blanco Mese	iverde	State, Federal or Fe	SF	078200
Location		***		••	
Unit Letter;;	25 Feet From The <b>North</b> Lin	e and	Feet From The	West	
Line of Section 24 To	ownship <b>30-N</b> Range	10-W , NMPN	. San Ju	<b>an</b>	County
Line of Section 24	ownsnip A-K Range	, NMPN	· 3 an Ju	<u> </u>	County
DESIGNATION OF TRANSPOR	RTER OF OIL AND NATURAL GA	S			
Name of Authorized Transporter of O.		Address (Give address	to which approved co	py of this form is to	be sent)
Plateau, Inc.		P. O. Box 108	, Farmington	, New Maxico	87401
Name of Authorized Transporter of C	asinghead Gas or Dry Gas	Address (Give address	to which approved co	py of this form is to	be sent)
Ki Paso Natural Gas	Company	P. O. Box 990	. Farmington	. New Mexico	87401
If well produces oil or liquids,	Unit Sec. Twp. P.ge.	Is gas actually connect	ed? When		
give location of tanks.	D 24 30N 10W	No	· · · · · · · · · · · · · · · · · · ·		
-· · · •	ith that from any other lease or pool,	give commingling orde	r number:		
COMPLETION DATA	Oil Well Gas Well	New Well Workover	Deepen Pluc	Back   Same Res	v. Diff. Res'v.
Designate Type of Complet		<b>x</b>	1 1	1	1
Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B	.T.D.	<del></del>
10-23-76	11-30-76	54001		53651	
Elevations (DF, RKB, RT, GR, etc.)	Name of Producing Formation	Top Oil/Gas Pay	Tub	ing Depth	
6281' GL, 6294' KB	Mesaverde	4530'		52611	
Perforations 4530-42, 4546-	-62, 4 <del>364</del> -68, 4571-78, 45	80-4624, 4627-3	8, 4664-82 <sup>Dep</sup>	th Casing Shoe	
<del>4702, 4717-22, 4730-35</del> ,	<u>4739-42, 4757, 4761-71,</u>	4818-28, 4896-	4920,	54001	
(over)	TUBING, CASING, AND	CEMENTING RECORD			
HOLE SIZE	CASING & TUBING SIZE	DEPTHS	ET	SACKS CEME	ENT
12-1/4"	9-5/8" cas.	240'		280	
8-3/4"	7" esg.	3300'		625	
6-1/4"	4-1/2" liner 2-3/8" tbg.	3096-5400 5261		275	
TEST DATA AND REQUEST I	·	fter recovery of total volu	me of load oil and m	ust be equal to or ex	ceed top allow-
OIL WELL		pth or be for full 24 hour.	1)	Carrie	3.
Date First New Oil Run To Tanks	Date of Test	Producing Method (Flor	v, pump, gas lift, efc.		1 kg
		0-1 P	Cho	ke/Size	
Length of Test	Tubing Pressure	Casing Pressure		NAME ZOLO	
Actual Prod. During Test	Oil-Bbls.	Water - Bbls.	Gai	FMCF AT 1977	· <del>                                    </del>
Actual Float Dailing 1001			*	Dien COM	
	<u>.</u>	<u> </u>		3	/
GAS WELL					
Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF		ravity of Condensate	
1831	3 hr.				<u></u>
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut	-in) Cho	ke Size	
Back Pressure	580	585		0.75	
CERTIFICATE OF COMPLIAN	NCE	OIL	CONSERVATIO	N COMMISSION	
			sa Militar	188/ P	10
I hereby certify that the rules and	regulations of the Oil Conservation with and that the information given	APPROVED			
Commission have been complied above is true and complete to the	with and that the information given he best of my knowledge and belief.	BY Original	Signed by A.	n. venurick	
,		TITLE SUPSEVE	sek Lide W		
	,	11			
		ii Mila Cama la és	he filed in compl	tence with BULE	1104.

## VI.

24 Surloda	
(Signature)	
Area Adm. Supvr.	_

December 30, 1976
(Date)

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.

## PERFORATIONS CONTINUED:

4990-99, 5040-50, 5098-5120, 5124-27, 5143-47, 5156-5205, 5211-28, 5230-34, 5241-54, 5257-62, 5267, 5272-78 with 1 SPF.