- ⊢-	DISTRIBUTION SANTA FE		NSERVATION COMMISSION OR ALLOWABLE AND	Form C-104 Supersedes Old C-104 and C-1. Effective 1-1-55
	LAND OFFICE	AUTHORIZATION TO TRAN	ISPORT OIL AND NATURAL G	AS
1.	OPERATOR PRORATION OFFICE Operator			
	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			`
11.	DESCRIPTION OF WELL AND LI Lease Name W. D. Heath "B"	Well No. Pool Name, Including Fo	Frata Fadero	i cose No. SF07633
	Location .	Feet From The South Line	e and <u>850</u> Feet From	
	Line of Section 31 Town			Juan County
III.	DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil or Condensate Address (Give address to which approved copy of this form is to be sent) Plateau, Inc. Plateau, Inc. Address (Give address to which approved copy of this form is to be sent) Address (Give address to which approved copy of this form is to be sent)			
	Name of Authorized Transporter of Casi El Paso Natural Gas Con If well produces oil or liquids, and location of tanks.	npany Unit Sec. Twp. Fige. T 31 30N 9W	P.O. Box 990 Farming ls gas actually connected? Will No	
īV.	If this production is commingled with COMPLETION DATA	that from any other lease or pool,	give commingling order number: New Well Workover Deepen	Plug Back Same Res'v. Diff. Res
	Designate Type of Completion		X Total Depth	P.B.T.D.
	Date Spudded 9/28/77 Elevations (DF, RKB, RT, GR, etc.)	1/4/78 Name of Producing Formation	4820' Top Otl/Gas Pay	4777' Tubing Depth 4690'
	5783' GL, 5796' KB Perforations 3956-60, 3970-7 4201-03, 4210-12, 4218	Mesaverde 2, 3977-85, 4007-47, 406 -22, 4267-77, 4345-48, 4	4333 37, 4382 88, 1182 8	9 Depth Casing Shoe
	HOLE SIZE	TUBING, CASING, AN CASING & TUBING SIZE 9-5/8" Casing	D CEMENTING RECORD DEPTH SET 280'	SACKS CEMENT 300 SX
	13-3/4 8-3/4" 6-1/4"	7" Casing 4-1/2" Casing	2757' 2566-4820' 4690'	580 sx 270 sx
v	7. 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 all able 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 Casing Pressure	Chok • Size
	Length of Test Actual Prod. During Test	Tubing Pressure Oil-Ebis.	Water - Bbis.	Gas MCF 3 3 1078
	Actual Fiber Salary			1 1 200 50M
	GAS WELL	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
	Actual Prod. Test-MCF/D	3 hours		
	1709 Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Cosing Pressue (Shut-in)	Choke Size 0.375"
	Back Pressure	618 psig	659 psig	VATION COMMISSION

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.

Area Administrative Supervisor

1/13/78 (Date)

(Title)

SUPERVISES LOUIS

By Original Signed by A

APPROVED

TITLE .

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

All sections of this io must be filled out completely for allegate on new and recompleted wells.

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

Fill out only Sections I. II. III, and VI for changes of own well name or number, or transporter, or other such change of conditions. - Came Calle must be filled for sent most in multi-

Yendrick

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Perforations Cont'd

4432-39, 4455-58, 4468-71, 4475-79, 4514-18, 4615-20, 4651-65, 4678-81, 4685-96.