DISTRIBUTION	
SANTA FE	1
FILE	1
U.S.G.S.	
LAND OFFICE	
TRANSPORTER OIL	1
TRANSPORTER GAS	1
OPERATOR	1
PRORATION OFFICE	

NEW MEXICO OIL CONSERVATION COMMISSION

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

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

I.

Operator
Amoco Oil and Gas

Address
Drawer 570, Farmington, New Mexico

Reason(s) for filing *(Check proper box)*

				Other *(Please explain)*
New Well		Change in Transporter of:		
Recompletion	X	Oil		Dry Gas
Change in Ownership		Casinghead Gas		Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name	Well No.	Pool Name, Including Formation	Kind of Lease	Lease No.
Gibbs	1	Basin Dakota PD	State, Federal or Fee Fee	

Location
Unit Letter A ; 790 Feet From The North Line and 790 Feet From The East

Line of Section 23 Township 31N Range 11W, NMPM, San 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)*
Four Corners Terminal to Shell	Box 990, Farmington, New Mexico
Name of Authorized Transporter of Casinghead Gas or Dry Gas	Address *(Give address to which approved copy of this form is to be sent)*
Southern Union Gathering	Box 990, Bloomfield, New Mexico

If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
					No	

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

IV. COMPLETION DATA

Designate Type of Completion – (X)	Oil Well	Gas Well	New Well	Workover	Deepen	Plug Back	Same Resv.	Diff. Resv.
		X						

Date Spudded	Date Compl. Ready to Prod.	Total Depth	P.B.T.D.
8-21-68	9-16-68	7130	7101
Elevations *(DF, RKB, RT, GR, etc.)*	**Name of Producing Formation**	**Top Oil/Gas Pay**	**Tubing Depth**
5943 Gr	Dakota	6790	6820
Perforations			**Depth Casing Shoe**
6790-6815 2 SPF			7130

TUBING, CASING, AND CEMENTING RECORD

HOLE SIZE	CASING & TUBING SIZE	DEPTH SET	SACKS CEMENT
13-3/4"	9-5/8"	207'	230 sx
8-3/4"	4-1/2"	7130'	850 sx
	2-3/8"	6820	

V. 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 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

Actual Prod. Test-MCF/D	Length of Test	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pitot, back pr.)	Tubing Pressure (Shut-in)	Casing Pressure (Shut-in)	Choke Size

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)

District Superintendent
(Title)

November 1, 1968
(Date)

OIL CONSERVATION COMMISSION

APPROVED NOV 26 1968

Original Signed by Emery C. Arnold

SUPERVISOR DIST. #3

TITLE _____

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