

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

NEW MEXICO OIL CONSERVATION COMMISSION
REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Form C-104
Supersedes Old C-104 and C-11
Effective 1-1-65

I.

Operator AMOCO PRODUCTION COMPANY	
Address 501 Airport Drive Farmington, NM 87401	
Reason(s) for filing (Check proper box)	
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"/>
Other (Please explain)	

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ute Mtn. Tribal "L"	Well No. 1	Pool Name, Including Formation Ute Dome Paradox	Kind of Lease Indian	Lease No. MOO-C-1420-0627
Location				
Unit Letter J ; 1830 Feet From The South Line and 2040 Feet From The East				
Line of Section 24 Township 32N Range 14W , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	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"/>	Address (Give address to which approved copy of this form is to be sent)	
El Paso Natural Gas Company	P.O. Box 990 Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit J	Sec. 24
	Twp. 32N	Rge. 14W
	Is gas actually connected? No	
	When Approximately 90 days	

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 Res'v.	Diff. Res'v.
		X	X					
Date Spudded 9/19/77	Date Compl. Ready to Prod. 12/19/77		Total Depth 9347'			P.B.T.D. 8900'		
Elevations (DF, RKB, RT, GR, etc.) 6555' GL	Name of Producing Formation Paradox		Top Oil/Gas Pay 8348'			Tubing Depth 8289'		
Perforations 8348-52, 8366-70, 8374-76, 8436-58, 8526-30, 8544-52, 8554-58, 8562-78, 8716-33, 8762-86, 8789-91						Depth Casing Shoe 9334'		
TUBING, CASING, AND CEMENTING RECORD								
HOLE SIZE	CASING & TUBING SIZE		DEPTH SET			SACKS CEMENT		
12-1/4"	8-5/8"		610'			500 sx		
7-7/8"	5-1/2"		9334'			1325 sx		
	2-3/8"		8289'					

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)

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 684	Length of Test 24 hours	Bbls. Condensate/MMCF	Gravity of Condensate
Testing Method (pilot, back pr.) Back Pressure	Tubing Pressure (shut-in) 2673	Casing Pressure (shut-in) 2670	Choke Size 1.00"

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.

Original Signed By
E. E. SVOBODA

(Signature)

Area Administrative Supervisor

(Title)

4/11/78

(Date)

OIL CONSERVATION COMMISSION

APPROVED _____, 19 _____

BY Original Signed by A. R. Kendrick

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.

Supersedes Form C-104 must be filed for each well in multiple

I. REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT

¹ Operator name and Address CROSS TIMBERS OPERATING COMPANY 6001 Highway 64 Farmington, NM 87401		² OGRID Number 167067
		³ Reason for Filing Code Change of Operator 1-2-1-97 1/1/98
⁴ API Number 30-045-22564	⁵ Pool Name UTE DOME PARADOX	⁶ Pool Code 86760
⁷ Property Code	⁸ Property Name UTE MTN TRIBAL L	⁹ Well Number 1

II. ¹⁰ Surface Location

UL or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West line	County
J	24	32N	14W		1830	S	2040	E	SJ

¹¹ Bottom Hole Location

UL or lot no.	Section	Township	Range	Lot.Idn	Feet from the	North/South Line	Feet from the	East/West line	County
¹² Lse Code U	¹³ Producing Method Code	¹⁴ Gas Connection Date	¹⁵ C-129 Permit Number	¹⁶ C-129 Effective Date	¹⁷ C-129 Expiration Date				

III. Oil and Gas Transporters

¹⁸ Transporter OGRID	¹⁹ Transporter Name and Address	²⁰ POD	²¹ O/G	²² POD ULSTR Location and Description

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IV. Produced Water

²³ POD	²⁴ POD ULSTR Location and Description

OIL CON. DIV
DIST. 3

V. Well Completion Data

²⁵ Spud Date	²⁶ Ready Date	²⁷ TD	²⁸ PBSD	²⁹ Perforation	³⁰ DHC,DC,MC
³¹ Hole Size	³² Casing and Tubing Size	³³ Depth Set	³⁴ Sacks Cement		

VI. Well Test Data

³⁵ Date New Oil	³⁶ Gas Delivery Date	³⁷ Test Date	³⁸ Test Length	³⁹ Tbg. Pressure	⁴⁰ Csg. Pressure
⁴¹ Choke Size	⁴² Oil	⁴³ Water	⁴⁴ Gas	⁴⁵ AOF	⁴⁶ Test Method

⁴⁷ I hereby certify that the rules of the Oil Conservation Division have been complied with and that the information given above is true and complete to the best of my knowledge and belief. Signature: <i>Vaughn O. Vernerberg</i>		OIL CONSERVATION DIVISIO	
Printed Name: Vaughn O. Vernerberg, II		Approved by: Frank T. Chavez	
Title: Sr. Vice President-Land		Title: Supervisor District #3	
Date: December 1, 1997		Approval Date:	
Phone: (505) 632-5200			
⁴⁸ If this is a change of operator fill in the OGRID number and name of the previous operator			
<i>Gail Jefferson</i> Previous Operator Signature		Amoco Production Company OGRID# 000778	
Gail Jefferson		Senior Administrative Staff Assistant	
Printed Name		Title	
		Date 12/01/97	