

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104  
Revised 10-01-78  
Format 06-01-83  
Page 1

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SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED  
SEP 21 1984  
OIL CONSERVATION DIV.  
DIST. 3

I. Operator  
Amoco Production Company

Address  
501 Airport Drive, Farmington, New Mexico 87401

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casinghead Gas <input type="checkbox"/> Condensate	Other (Please explain) Pool Name Change
<input type="checkbox"/> Recombination		
<input type="checkbox"/> Change in Ownership		

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Jicarilla Contract 146	Well No. 23	Pool Name, including Formation Blanco Mesaverde	Kind of Lease State, Federal or Fee Federal	Lease No. Jicarilla
Location Unit Letter <u>D</u> : <u>870</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>West</u> Contract 146				
Line of Section <u>9</u> Township <u>25N</u> Range <u>5W</u> , NMPM, Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Plateau Inc.	P.O. Box 489, Bloomfield, NM 87413
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)
Northwest Pipeline	P.O. Box 90, Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>D</u> Sec. <u>9</u> Twp. <u>25N</u> Rge. <u>5W</u>	

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

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of my knowledge and belief.

BDS Shaw

(Signature)

Administrative Supervisor

(Title)

9/19/84

(Date)

OIL CONSERVATION DIVISION

APPROVED

SEP 21 1984

BY

Frank J. Davis

TITLE

SUPERVISOR DISTRICT #

This form is to be filled 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 filled for each pool in multiply completed wells.