STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

DISTRIBUTION			
SANTA FE			
FILE			
U. 6 , C , E ,			
LAND UFFICE			
TRANSPORTER	DIL		
	GAL	Ĭ	
DPERATOH			
PRONATION OFFICE			

(Daie)

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Separate Forms C-104 must be filed for each pool in multiple completed wells.

Form C-104 Florised 10-01-78 Format 06-01-83

REQUEST FOR ALLOWABLE

OPERATOR I	ND .	
AUTHORIZATION TO TRANSP	PORT OIL AND NATURAL GAS	
I	DIST 2 V.	
Operator		
Amoco Production Company		
Address	Changed from Ejile Kelley. Dak.	
2325 E. 30 St., Farmington, NM 87401		
Reasonis) for liling (Check proper box)	Chango Pool Name R-6886	
New Well Change in Transporter of:	K-6886	
Recompletion	Change 1001 Name	
Change in Ownership Castnahead Gas Co	ondena die	
If change of ownership give name and address of previous owner		
II. DESCRIPTION OF WELL AND LEASE	ormation Kind of Lease Jic. Ap]	
Legre Mana	Since Federal of Fee Fodomal 12/	
Jicarilla Apache Tribal 124 3 West Lindrit	h Gallup-Dakota	
Location	1000 South	
Unit Letter J : 1850 Feet From The East Lin	e and 1850 Feet From The South	
Line of Section 13 Township 25N Ronce A	4W , MMPM, Rio Arriba County	
None of Authorized Transporter of Coll or Condensate Permian Corporation Nome of Authorized Transporter of Cosinghead Cos or Dry Gos Gas Company of New Mexico If well produces off or liquids, of the location of tonks. J 13 25N 4W	P. O. Box 1702, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent) P. O. Box 1899, Bloomfield, NM Is as estually connected? When Connected to Yes Central Sales Meter	
If this production is commingled with that from any other lesse or pool,	give commingling order number:	
NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPLIANCE 1 hereby certify that the rules and regulations of the Oil Conservation Division have been completed with and that the information given is true and complete to the best of my knowledge and benef.	OIL CONSERVATION DIVISION APPROVED SUPERVISOR DISTRICT This form is to be filed in compliance with RULE 1104.	
(Signalwe) Adm. Supervisor	well, this is a request to eccompanied by a tabulation of the deviation that form must be accordance with RULE 111. Applications of this form must be filled out completely for allow	
(Title)	i able on new and recompleted wells.	
3-26-87	Fill out only Sections I. II. III. and VI for changes of owns well name or number, or transporter, or other such change of condition	
(Date)	West Harris at the second seco	