STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

00. 00 10010 0001000					
DISTRIBUTION					
SANTA PE					
FILE					
U.S.G.4.					
LANG OFFICE					
TRANSPORTER	OIL				
	BAS				
OPERATOR					
PROBATION OFFICE					

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 05-01-83 Page 1

REQUEST FOR ALLOWABLE AND

I.	AUTHORIZATION	TO TRANS	PORT OIL	L AND NATU	RALGAS	WEID	
Operator					0) 15 10 15 11	V E III	
Amoco Production Company		 			SEP201	984	
501 Airport Drive Farming	ton. NM 8740	01			361201	704	
	Reeson(s) for filing (Check proper box) Other (Please explain) OIL CON. DIV.						
New Well Recognition	Pool Name Change DIST. 3				}		
Change in Ownership	Casingheed Gas		Condensate				
If change of ownership give name and address of previous owner				· · · _ ·			
II. DESCRIPTION OF WELL AND LEA	ASP						
Leane Name		No. Pool Name, Including Format			Kind of Lease	Lease No.	
Jicarilla Gas Com 35-C	1E West	<u>Lindrith</u>	-Gallup	-Dakota	State, Federal or Fee Federa		
Location				00	r	Apache 35-C	
Unit Letter J: 1520	Feet From The	South Lu	•• end <u>15</u>	20	Feet From The East		
Line of Section 2 Township	24N	Range	5W	, NMPM	. Rio Arriba	County	
			<u> </u>			3 - 3 - 3 - 3	
III. DESIGNATION OF TRANSPORTI			L GAS	·CT	to which approved copy of this form		
Name of Authorized Transporter of Oil	or Condensate	tarj(e	1		., ., .	•	
Plateau Inc. P. O. Box 489 Bloomfield, NM 87413 Address of Authorized Transporter of Casinghead Casing Address (Give address to which approved copy of this form is to be sent)				is to be sent)			
El Paso Natural Gas			P. O. Box 990 Farmington, NM 87401				
If well produces oil or liquids, Unit	Sec. Twp.	Rge.	Is gas actually connected? When				
give location of tanks.		4N: 5W	1				
If this production is commingled with that	from any other les	ase or pool,	give comm	ingling order	number:		
NOTE: Complete Parts IV and V on re	everse side if nece	essary.					
VI. CERTIFICATE OF COMPLIANCE			OIL CONSERVATION DIVISION				
hereby certify that the rules and regulations of the Oil Conservation Division have			APPROVED SEP 24 1984				
een complied with and that the information given is true and complete to the best of							
my knowledge and belief.			BY		37 2000 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
			TITLE		SUPERVISOR DISTRICT	i	
RNIGHT			Thi	s form is to	be filed in compliance with a	UL # 1104	
<u>DDDraw</u>			If this is a request for allowable for a newly drilled or deepened				
(Signature) Admin. Supervisor			well, the	is form must ken on the w	be accompanied by a tabulation of the secondance with RULE	n of the deviation	
(Title)					this form must be filled out con	mpletely for allow-	
9-18-1984 able on new and recompleted wells. Fill out only Sections I, II, III, and VI for changes					hanges of owner.		
(Date)		ا ي	well nen	ne or number,	or transporter, or other such ch	ange of condition.	
		-	complete		C-104 must be flied for each	. poor in multiply	