

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL ☐ GAS ☐
OPERATOR	
PRODUCTION OFFICE	

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator
Amoco Production Company

Address
501 Airport Drive Farmington, NM 87401

Reason(s) for filing (Check proper box)

☐ New Well	Change in Transporter of:	Other (Please explain)
☐ Recombination	☒ Oil	☐ Dry Gas
☐ Change in Ownership	☐ Gashead Gas	☐ Condensate

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

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DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ticarilla Apache Tribal 124 Well No. 6 Pool Name, including Formation Lindrith Gallup-Dakota West Kind of Lease Federal Lease No. 09000124

Location Unit Letter B : 800 Feet From The North Line and 1720 Feet From The East

Line of Section 24 Township 25 N Range 4 W NMPN. Rio Arriba County _____

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ or Condensate ☐
Permian Corp. Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1702 Farmington, NM 87499

Name of Authorized Transporter of Gashead Gas ☒ or Dry Gas ☐
Gas Company of New Mexico Address (Give address to which approved copy of this form is to be sent)
P. O. Box 1899 Bloomfield, NM

If well produces oil or liquids, give location of tanks. Unit H Sec. 23 Twp. 25 N Rge. 4 W Is gas actually connected? ☐ When _____

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)

Admin. Supervisor

(Title)

1-2-85

(Date)

OIL CONSERVATION DIVISION

APPROVED _____

FEB 21 1985

BY _____

TITLE _____

SUPERVISOR DISTRICT #3

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 completed wells.