

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

I. Operator
Amoco Production Company
Address
501 Airport Drive Farmington, NM 87401
Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☐ Change in Ownership
Change in Transporter of:
☒ Oil
☐ Castinhead Gas
☐ Dry Gas
☐ Condensate
Other (Please explain)

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If change of ownership give name
and address of previous owner

OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name Ticarilla Apache Tribal 124	Well No. 9	Pool Name, including Formation Lindrith Gallup-Dakota West	Kind of Lease State, Federal or Fee Federal	Lease No. 09000124
Location Unit Letter <u>E</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>930</u> Feet From The <u>West</u> Line of Section <u>24</u> Township <u>25N</u> Range <u>4W</u> , NMPM, <u>Rio Arriba</u> 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 Castinhead 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 <u>H</u> Sec. <u>23</u> Twp. <u>25N</u> Rge. <u>4W</u>	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 Frank J. Shaw FEB 21 1985

BY Frank J. Shaw
TITLE SUPERVISOR DISTRICT # 3

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.