STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

		Т		
DISTRIBUTION		T	T	_
IAMPA FE		Т	7	_
PILE		Т	7	
U. 8.Q.A.		Τ	\top	_
LANG OFFICE		1	\top	
TRAMEPORTER	014		T	_
	GAS			_
OPERATOR			7	
PROBATION OF	VC K	1	1	_

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

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

REQUEST FOR ALLOWARIE

PRORATION OFFICE	AND
	ASPORT OIL AND NATURAL GAS FOR THE WAY AS A TO A WELL TO
Coereier	THE AND HAT DRAE GAS
Amoco Production Company	
Address Company	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1
501 Airport Drive Farmington, NM 87401	
Reason(s) for tiling (Check proper box)	Other (Please explain)
Change in Transporter of:	
	Dry Gas:
Change in Ownership Casinghead Gas	Condensate
If change of ownership give name and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE	
Lease Name	Farmation Kind of Lease Lease No.
Jicarilla Contract 146 33 Blanco Mes	overde State, Federal ar Fee Federal 10, 141
1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T 1 T	30/16
Unit Letter P: 970 Feet From The South Li	ne and 1120 Feet From The Gast
Line of Section /O Township 25 N Range	
Comments SN Range	5W , NMPM, Rio Arriba County
IL DESIGNATION OF TRANSPORTER OF OIL AND NATIRA	I CAS
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	Address (Give address to which approved copy of this form is to be sent)
Permian Corp.	P. O. Box 1702 Farmington, NM 87499
Name of Authorized Transporter of Castinghead Gas or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
Northwest Pipeline Corporation	P. O. Box 90 Farmington, NM 87401
If well produces oil or liquids, Unit Sec. Two. Rgs.	Is gas actually connected? When
10 25N 5W	1
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.	
•	П
VI. CERTIFICATE OF COMPLIANCE	CIL CONSERVATION DIVISION
hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED JAM 2 2 1985
peen complied with and that the information given is true and complete to the best of	MANUES TAM S. IVOO
/	BY Styne Target
	TITLE SUMERVISOR DISTRICT # 3
$\langle \langle 1 \rangle \rangle \rangle$	
1) Dhaw	This form is to be filed in compliance with auch 1104,
(Signature) Admin. Supervisor	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 its.
1-2-85	All sections of this form must be filled out completely for allowable on new and recompleted wells.
(Date)	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 miles
	completed wells.