

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

CO. BY SOURCE ORIGIN	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.M.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATION	
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

RECEIVED
MAR 18 1988
OIL CON. DIV.
DIST. 3

Operator Amoco Production Company	
Address 2325 East 30th Street, Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Casinghead Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name Oso Canyon Federal B	Well No. 1	Pool Name, including Formation Gavilan Mancos Ext	Kind of Lease State, Federal or Free Federal	Lease No. NM40635
Location Unit Letter <u>F</u> : <u>1660</u> Feet From The <u>North</u> Line and <u>1840</u> Feet From The <u>West</u> Line of Section <u>11</u> Township <u>24N</u> Range <u>2W</u> N.M.P.M. Rio Arriba County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation	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 Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> Merrion Oil and Gas Co.	Address (Give address to which approved copy of this form is to be sent) P.O. Box 840, Farmington, NM 87499
If well produces oil or liquids, give location of tanks.	Unit : <u>F</u> Sec. : <u>11</u> Twp. : <u>24N</u> Rng. : <u>2W</u> Is gas actually connected? <u>yes</u> When <u>2-23-88</u>

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)

Adm. Supervisor

(Title)

3-10-88

(Date)

OIL CONSERVATION DIVISION

APPROVED MAR 16 1988

BY Frank J. Shaw

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 multiple completed wells.