STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

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FILE			
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LAND OFFICE			
TRAMPORTER	OIL		
	544		
OPENATOR			
PROBATION OFFICE			

OIL CONSERVATION DIVISION P. Q. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-76 Format 06-01-63 Page 1

OPERATOR REQUEST F	OR ALLOWABLE		
PROBATION OFFICE	AND		
I. AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GAS		
Operator			
Amoco Production Company			
Address	BERTH!		
501 Airport Drive Farmington, NM 87401			
Research for liling (Check proper box)	Other (Please capital)		
Change in Transporter of:	FEB 15 1085 -		
Recompletion Ott	Dry Gas		
Change is Quescrakty Costsephood Gas	Condensate		
If change of aumerahip give name	DIST.		
and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE			
Lesse Name Well No. Pool Name, including	Formation AWAN Kind of Lease Lease No.		
Jicarilla Apache "A" 118 2 Tapacho P.	ictured Cliffs Stare, Foderal ar Foo Federal 09000118		
Unit Latter P : 990 Feet From The South L.	tae and 990 Feet From The East		
Line of Section 25 Township 26 N Range	3 W , MAPL: Rio Arriba county		
TT Paration			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	L GAS		
Name of Authorized Transporter of CII or Condensate	Adaroes (Give address to which approved copy of this form is to be sent)		
Permian Corp. Ciff. 9 / 1 / 2 Name of Authorized Transporter of Casinghead Gas or Dry Gas	P. O. Box 1702 Farmington, NM 87499		
Name of Authorized Transporter of Casinghood Gas or Ory Gas El-Paso Natural Gas Company	P. O. Box 990 Farmington, NM 87401		
If well preduces all or liquids, Unit Sec. Twp. Rgs.	is day actually connected) When		
give location of tonks. P : 25 : 26N : 3W			
f 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.			
Complete Fairs 17 and 7 on reverse state if necessary.			
T. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
hereby certify that the rules and regulations of the Oil Conservation Division have een complied with and that the information given is true and complete to the best of	APPROVED FEB 10,01885		
ly knowledge and belief.	Sant 1 (A)		
<i>t</i>	at		
$O \times C$	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 despende		
Admin. Supervisor	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.		
(Tille)— 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 multiply completed wells.
