

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL
	GAS
OPERATOR	
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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)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Condensate Gas	<input checked="" type="checkbox"/> 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 <u>Jic Apache Tribal 151</u>	Well No. <u>2</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>JAT 151</u>
Location Unit Letter <u>A</u> : <u>1150</u> Feet From The <u>Nath</u> Line and <u>1150</u> Feet From The <u>East</u>				
Line of Section <u>10</u> Township <u>26N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Permian Corp. Permian (EN. 9 / 1 / 87)</u>	<u>P. O. Box 1702 Farmington, NM 87499</u>
Name of Authorized Transporter of Condensate Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<u>Gas Company of New Mexico</u>	<u>P. O. Box 1899 Bloomfield, NM</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <u>A</u> Sec. <u>10</u> Twp. <u>26N</u> Rge. <u>5W</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)

Admin. Supervisor

(Title)

1-2-85

(Date)

OIL CONSERVATION DIVISION

APPROVED _____

JAN 3 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.