

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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	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 ☐ Change in Transporter of:
☐ Recompletion ☐ Oil ☐ Dry Gas
☐ Change in Ownership ☐ casinghead Gas ☒ Condensate
Other (Please explain) OIL CON. DIV. DIST. 8
DATE JAN 22 1985

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

II. DESCRIPTION OF WELL AND LEASE

<u>Lease Name</u> <u>Jicarilla Contract 155</u>	<u>Well No.</u> <u>23</u>	<u>Pool Name, including Formation</u> <u>Blanco Mesaverde</u>	<u>Kind of Lease</u> <u>State, Federal or Free</u> <u>Federal</u>	<u>Lease No.</u> <u>JC155</u>
<u>Location</u> <u>Unit Letter</u> <u>N</u> : <u>910</u> Feet From The <u>South</u> Line and <u>1850</u> Feet From The <u>West</u> <u>Line of Section</u> <u>32</u> <u>Township</u> <u>26N</u> <u>Range</u> <u>5W</u> , NMPM, <u>Rio Arriba</u> <u>County</u>				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

<u>Name of Authorized Transporter of Oil</u> <input type="checkbox"/> <u>Permian Corp.</u> <u>or Condensate</u> <input checked="" type="checkbox"/>	<u>Address (Give address to which approved copy of this form is to be sent)</u> <u>P. O. Box 1702 Farmington, NM 87499</u>
<u>Name of Authorized Transporter of Casinghead Gas</u> <input type="checkbox"/> <u>Northwest Pipeline Corporation</u> <u>or Dry Gas</u> <input checked="" type="checkbox"/>	<u>Address (Give address to which approved copy of this form is to be sent)</u> <u>P. O. Box 90 Farmington, NM 87401</u>
<u>If well produces oil or liquids, give location of tanks.</u> <u>Unit</u> <u>N</u> <u>Sec.</u> <u>32</u> <u>Twp.</u> <u>26N</u> <u>Rge.</u> <u>5W</u>	<u>Is gas actually connected?</u> <u>when</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 JAN 22 1985

APPROVED _____
BY Frank J. Shaw
TITLE SUPERVISOR DISTRICT #1

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.