STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

. ** *** **1	****		
DISTRIBUTION			T
SANTA FE			
FILE			_
U.4.0.8.		1	
LAND OFFICE			
TRANSPORTER	OIL		
	DAS		
OPERATOR			
PROBATION OFFICE			

Operator

OIL CONSERVATION DIVISION P. O. BOX 2088

Form C-104 Revised 10-01-78 Format 06-01-83 Page 1

SANTA FE, NEW MEXICO 87501

REQUEST FOR ALLOWABLE

AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS JAM 2 0 1987

0.T.H.G., Inc.	3		
Address (505) 334-25			
c/o A. R. Kendrick, Box 516, Aztec, New Mexico 87401			
Reason(s) for filing (Check proper box) Other (Please explain)			
New Weti Change in Transporter of:	Gas from Amoco		
X Change in Ownership X Casinghead Gas	Condensate		
A Casimined das	Constitute		
If change of ownership give name Amoco Production Company, Farmington, New Mexico and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE			
Lease Name Well No. Pool Name, Including	1,000		
<u></u>	ennsylvanian D Store Federal & XXX 14-20-60 -5035		
Unit Letter 0 : 510 Feet From The South Line and 1830 Feet From The East			
Line of Section 17 Township 26N Range	18W NMPM, San Juan County		
Cita of Section	7. Mary		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	IL GAS		
Name of Authorized Transporter of Oil X or Condensate			
The Permina Corp. Box 1183, Houston, Texas 77251-1183 Name of Authorized Transporter of Casinghead Gas (X) or Dry Gas () Address (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Castinghead Gas (X) or Dry Gas			
O.T.H.G., Inc.	Box 312, Otis, Kansas 67565		
If well produces oil or liquids, Unit Sec. Twp. Rgs. give location of tanks. 4 20 26N 18W			
	Yes 12/4/64		
If this production is commingled with that from any other lease or pool, give commingling order number: C7.B-123			
NOTE: Complete Parts IV and V on reverse side if necessary.			
AN CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED 19		
been complied with and that the information given is true and complete to the best of my knowledge and belief.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
, montage and other	BY		
<i>)</i>	TITLE SUPERVISOR PROTECT OF		
	This form is to be filed in compliance with RULE 1104.		
Agent (Standard)	If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.		
1 (a (7 tile)	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
1/14/E/(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 Forma C-104 must be flied for each pool in multiply completed wells.		