STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			I
SANTA FE			
FILE			
V.8.0.4.			_
LAND OFFICE		1	
THANSPORTER	OIL.		
	GAS		
OPERATOR			
PROBATION OFFICE			

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



CETTATOS	T FOR ALLOWABLE		
PROBATION OFFICE	ISPORT OIL AND NATURAL GAS JAN 2 0 1987		
Operator	THE CON. DIV.		
`O.T.H.G., Inc.	DIST. 3		
Address	lovice 07401 (505) 334 2555		
c/o A. R. Kendrick, Box 516, Aztec, New M	Other (Please explain)		
New Well Change in Transporter of:	Gas finom Amoco		
Recompletion Oil	Dry Gos		
X Change in Ownership X Casinghead Gas	Condensate		
If change of ownership give name Amoco Production Compand address of previous owner Amoco Production	any, Farmington, New Mexico 87401		
II. DESCRIPTION OF WELL AND LEASE			
Lease Name Well No. Pool Name, Including	4/ 00 (07 507/		
Navajo Tribal U 13 Tocito Dome	Pennsylvanian D &XX Federal XXXX 14-20-603-5034		
	Ine and 1980 Feet From The East		
Unit Letter; reet From the Li	ine and Feet / rom the		
Line of Section 16 Township 26N Range	18W NMPM, San Juan County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA Name of Authorized Transporter of Oil The Permian Corp.	Address (Give address to which approved copy of this form is to be sent) Box 1183, Houston, Texas 77251-1183		
Name of Authorized Transporter of Casinghead Gas 📉 or Dry Gas	Address (Give address to which approved copy of this form is to be sent)		
O.T.H.G., Inc.	Box 312, Otis, Kansas 67565		
If well produces oil or liquids, Que location of tanks. Unit Sec. Twp. Rgs. A 20 26N 18W	Yes 4/14/73		
If this production is commingled with that from any other lease or pool,	give commingling order number: CTB - 123		
NOTE: Complete Parts IV and V on reverse side if necessary.			
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
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	APPROVED JAN 19		
my knowledge and belief.	BY		
	TITLE SurakerSOR DISTRICT # 3 ()		
10, K. 0:1	This form is to be filed in compliance with RULE 1104.		
(Signature)	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.		
Agent (Tale)	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 inust be filed for each pool in multiply completed wells.		