STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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P. O. BOX 2088

SANTA FE, NEW MEXICO 87501



REQUEST FOR ALLOWABLE AND

OIL CON. DIV.

Separate Forms C-104 must be filed for each pool in mul

AUTHORIZATION TO TRANSP	PORT OIL AND NATURAL GAS
Operator Amoco Production Co.	
501 Airport Drive, Farmington, N M 87401	
Recompletion	Other (Picase explain) y Gas ondensate
If change of ownership give none and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE Lease Name Jack Frost B Well Ho. Pool Name, Including Fo	ormation Kind of Lease Lease State, Federal of Fee Federal SF0774
Location Unit Center M : 615 Feet From The South Lin	e erd 810 Feet From The West
Line of Section 27 Township 27N Stance	10.0 , кмей, San Juan Coo
North of Authorized Transporter of Cit or Condensate X Permian Corporation Permian (2002 / 1/27) Name of Authorized Transporter of Caetaghead Cae or Dry Cae 5	P.O. Box 1702, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent) P.O. Box 1702, Farmington, NM 87499 P.O. Box 990, Farmington, NM 87499
If well produces oil or liquide. Unit Sec. Twp. Rgs. If well produces oil or liquide. M 27 27N 10W	Is gas actually connected?
If this production is commingled with that from any other lease or pool, 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 complete with and that the information given is true and complete to he best of my knowledge and belief. (Signature)	OIL CONSERVATION DIVISION APPROVED SUPERVISOR DISTRAT # 5 This form is to be filed in compilence with RULE 1104. If this is a request for allowable for a newly drilled or deep well, this form must be accompanied by a tabulation of the device taken on the well in accordance with RULE 111.
Adm. Supervisor (Tule) November 25, 1985	All sections of this form must be filled out completely for a able on new and recompleted wells. Fill out only Sections I, II, and VI for changes of cond

STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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TANKSPORTER	OIL	<u> </u>		
19335	GAG			
OPERATON		L		
PROBATION OFFICE		1 1		

Adm. Supervisor

November 25, 1985

(Title)

(Date)

OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

DEC 16 1985

REQUEST FOR ALLOWABLE

OIL CON. DIV. DIST. 3

FAGRATICA GEORGE	AUTROF	OT HOLTASIS	TRANS	PORTO	L AND NATU	KAL GAS		
Amoco Production	Co.					,		
501 Airport Drive	, Farming	ton, N M	87401					
Reason(s) for bling (Check proper box)					Other (Please	e explain)		
Real party in		n Transporter	of:					
Recompletion	011		D 0	ry Cos				
Change in Generalin	Con	Inghead Coe	(X) C	ondensate				
Il change of ownership give name								
and address of previous owner								
H. DESCRIPTION OF WELL AND) LEASE					Kind of Lecse		Leone II
Leane Name	Well No.	Pool Harie, 1		ormotton				
Anch brost B	116	! Basin	iakota			State, Federal or Fee	redetmi	1 <u>20077</u>
Land Charles								
170.11 1 01100	5 Peet Fro	on Th• <u>SOU</u>	:htir	e and	_8:0	Feet From The	Sest	
Line of Section - To-	nehip 27	'.\ 	r ange	1375	, 1414111.	4. San Juan		
			~~(10. 4.)					
III. DESIGNATION OF TRANSP	ORTER OF	OIL AND N	ATUKAI	Add:	(Give address	to which approved copy	of this form is	to be sent!
Name of Authorized Transporter			P.O. Box 1702, Farmington, NM 87499					
Permian Corporation Name of Authorized Transporter of Cas) or Dry C	- 	Address	(Cive address	to which approved copy	of this form is	to be sent)
) 0,0,70	ن∑ب	1		Farmington, NM		
El Paso Natural Gas C		TTwp.	Rqe.	15 03 8 0	ctually connect	ied? When		
If well produces oil or liquids.	Unit Sec	•	iow		•	ì		
give jocotton of tanke.				<u> </u>				
If this production is commingled with	h that from #1	ny other lens.	c or pool,	give com	mingling orde			
NOTE: Complete Parts IV and V								
NOTE: Complete Taris it and			_	{}	CVII C	CONSERVATION (MARION	
VI. CERTIFICATE OF COMPLIAN	NCE				UIL C	UNSCHVATION C	A TO	105
		onservation Div	ision have	APPR	OVED		CIDE	103
I hereby certify that the rules and regulation been complied with and that the information	ns of the Oil C	nd complete to	the tiest of	11	.0120	5. 1	17(J)	/
my knowledge and belief.			BY		Junto	ave	/	
1				TITL	c	SUP	RVISOR DISTRA	ĩ 兼ち
\cap				11 1116	<u> </u>			

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepe: well, this form must be accompanied by a tabulation of the device tests taken on the well in accordance with MULE 111.

All sections of this form must be filled out completely for all able on new and recompleted wells.

Fill out only Sections I. II. III, and VI for changes of over well name or number, or transporter, or other such change of conditi

Separate Forme C-104 must be filed for each pool in mulci completed wells.