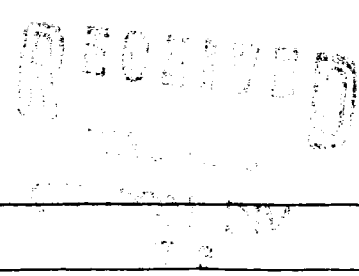


NO. OF COPIES ORDERED	
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DATE	
FILE	
U.S.G.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS



Operator  
Amoco Production Company

Address  
2325 East 30th Street Farmington NM 87401

Reasons for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recombination	<input type="checkbox"/> Oil	<input type="checkbox"/> Condensate
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> Casinghead Gas	

Other (Please explain)  
Change Well Name (Formerly Kutz Federal # 2)

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Federal Gas Com</u>	Well No., Pool Name, including Formation <u>2 Basin Dakota</u>	Kind of Lease State, Federal or Free <u>Federal</u>	Lease No. <u>SFO77383</u>
Location Unit Letter <u>M</u> ; <u>880</u> Feet From The <u>South</u> Line and <u>790</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>28N</u> Range <u>10W</u> N.M.P.M. <u>San Juan</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 Corporation</u>	<u>P.O. Box 1702 Farmington NM 87409</u>
Name of Authorized Transporter of Casinghead 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>Sunterra Gas Gathering Company</u>	<u>P.O. Box 26400 Albuquerque NM 87125</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when?
Unit: <u>M</u> Sect: <u>27</u> Twp: <u>28N</u> Rge: <u>10W</u>	<u>Yes</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.

B.S. Shaw  
(Signature)  
Adm Supervisor  
(Title)  
2-20-83  
(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_ 1983

BY [Signature]

TITLE \_\_\_\_\_

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

If this is a request for allowable (or 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.