## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTABUTION			_
LANTA FE			
FILE		1	
U.A.U.E.		1	_
LAND UFFICE		<u> </u>	
TRANSPORTER	DIL	1	_
	E A .	1_1	
OPERATEM		1 1	_
PADRATION OFFICE		1 1	

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

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

REQUEST FOR ALLOWABLE AND

	AND
AUTHORIZATION TO TRANS	SPORT DIL AND NATURAL GAS
Operator	•
Amoco Production Company	
Address	
2325 East 30th Street; Farmington, NM 87401	
Reason(s) for filling (Check proper box)	Other (Please explain)
Character Transporter of:	
	Dry Gos
Recompletion	Condens ale
Change in Ownership . Costnahead Gas	
Change of ownership give name and address of previous owner	
nu sources of previous	•
I. DESCRIPTION OF WELL AND LEASE	
Well No.   Pool Name, Including	Formation   Linc of Lease   Lease No.   5F
Y = Tour B / Fulcher Kutz	Pictured Cliffs Store, Federal 047039(k
J F Day B   T FUICHET RULL	
	no and 990 Feet From The West
Unit Letter M: 990 Feet From The South Li	ne and
	IOW NMPM San Juan County
Line of Section 17 Township 28N Ronce	IOW , NMPM, Sall Stall County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	ADDITION (GIVE OGGIVESS TO WHICH EXPRISED COPY OF THIS JOIN AS TO BE SENT)
Name of Authorized Transporter of CII or Condensate	Applies (Give appres) to writer approach to by
Name of Authorized Transporter of Casinghead Gas or Dry Gas 🛣	Address (Give address to which approved copy of this form is to be sent)
Sunterra Gas Gathering Company	P. O. Box 26400; Albuquerque, NM 87125
Unit Sec. Twp. Rec.	Is the octually connected? When
1( well produces oil or liquies.	Yes ' 9-1-51
cive location of tanks.	
this production is commingled with that from any other icase or pool,	give commingling order number:
NOTE: Complete Parts IV and V on reverse side if necessary.	
7. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
4. CERTIFICATE OF COMPLIANCE	MAY 2.6, 1987 19
hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED
seen complied with and that the information given is true and complete to the best of	
ny knowledge and belief.	BY Sawas . Vary
	SUPERVISOR DISTRICT 3
	TITLE
	This form is to be filed in compliance with RULE 1104.
1612) Naw	to this is a request for allowable for a newly dillied or deepense
(Signalwe)	I well this form must be accompanied by a tabulation of the deviation
Adm. Supervisor	tests taken on the well in eccordance with BULE 111.
	All sections of this form must be filled out completely for allow-
(Title)	able on new and recompleted wells.
5-22-87	Fill out only Sections 1. II. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition.
(Date)	
	Separate Forma C-104 must be filed for each pool in multiply completed wells.
	II completed metra-