

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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LAND OFFICE	
TRANSPORTER	OIL
OPERATION	GAS
PRODUCTION OFFICE	

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
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
MAR 28 1988
OIL CON. DIV.
DIST. 3

I. OPERATOR
Amoco Production Company
Address
2325 East 30th Street Farmington NM 87401
Reason(s) for listing (Check proper box)
☐ New Well ☐ Change in Transporter of:
☐ Recompletion ☐ Oil ☐ Dry Gas
☐ Change in Ownership ☐ Casinthead Gas ☐ Condensate
Other (Please explain)
Change Well Name
(Formerly Kutz E Federal #1)

If change of ownership give name
and address of previous owner _____

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Federal E</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>SF047939</u>
Location Unit Letter <u>F</u> : <u>1846</u> Feet From The <u>North</u> Line and <u>1850</u> Feet From The <u>East</u> Line of Section <u>17</u> Township <u>28N</u> Range <u>10W</u> NMPM. <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒ <u>Permian Corporation</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 1702 Farmington NM 87409</u>
Name of Authorized Transporter of Casinthead Gas ☐ or Dry Gas ☒ <u>Sunterra Gas Gathering Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 26400 Albuquerque NM 87125</u>
If well produces oil or liquids, give location of tanks. Unit <u>F</u> Set. <u>17</u> Twp. <u>28N</u> Rge. <u>10W</u>	Is gas actually connected? <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)

2-29-88
(Date)

OIL CONSERVATION DIVISION

APPROVED _____

BY _____

SUPERVISOR DISTRICT #3

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 filled for each pool in multiply completed wells.