STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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LAND UFFICE		1	
TRANSPORTER	OIL		
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OPERATON			
PROBATION UPPICE			

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

Form C-104 Revised 10 01-78 Format 05 01 83 Page 1

REQUEST FOR ALLOWABLE AND



AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS NOV 12 1985 Operator OIL CON. DIV. Amoco Production Co. Address 87401 501 Airport Drive, Farmington, N M Reason(s) for liling (Check proper box) Other (Please explain) Now Well Change in Transporter of: Ou Dry Gas Recompletion Condensate Change in Ownership Castnahead Gas If change of ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Leose No. Kind of Lease Well No. | Pool Name, including Formation Fee Bruce R. Sullivan 2 Otero Chacra State, Federal or Fee : 1700 Feet From The South Line and 1480 East Range 10W Township 28N III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Address (Give address to which approved copy of this form is to be sent) or Condensate Name of Authorized Transporter of CII Address (Give address to which approved copy of this form is to be sent) Name of Authorized Transporter of Caeinghead Gas P.O. Box 1899, Bloomfield, NM 87413 Gas Company of New Mexico Is gas octually connected? Rge. Twp. If well produces oil or liquids, 28N: 10W give location of lanes. If this production is commingled with that from any other lease or pool, give commingling order number:

TITLE __

NOTE: Complete Parts IV and V on reverse side if necessary.

VI. CERTIFICATE OF COMPLIANCE

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I hereby certify that the rules and tegulations 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 behef.

Adm. Supervisor

-	Adm. Supervisor (Title)
	November 7, 1985

(Dase)

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

OIL CONSERVATION

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

SUPERVISOR DUSTRICT THE S

All sections of this form must be filled out completely for alloable 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 multip: completed wells.