STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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

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

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

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Contratos Amoco Production Company 501 Airport Drive Farmington, NM 87401 Reason(s) for liling (Check proper box) Other (Please explain) New Well Recompletion Oil Dry Gas Change in Ownership Casinghead Gas Condensate If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, including Formation Kind of Lease Basin Dakota Gallegos Canyon I-149-IN State, Federal or Fee 990 Feet From The North Line and West 26 Township 28N Line of Section 13W Range , NMPM, III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Off or Condensate 🔀 Anareas (Give address to which approved copy of this form is to be sent) Permian Corp. P. O. Box 1702 Farmington, NM 87499 Name of Authorized Transporter of Casinghead Gas of Dry Gas DC Address (Give address to which approved copy of this form is to be sent) El Paso Natural Gas Company P. O. Box 990 Farmington, NM 87401 Unit Rae. is que actually connected? if well produces all or liquide, give location of tanks. D 26 128N:13W If this production is commingled with that from any other lesse or pool, give commingling order number: NOTE: Complete Parts IV and V on reverse side if necessary. VI, CERTIFICATE OF COMPLIANCE OIL CONSERVATION DIVISION [hereby certify that the rules and regulations of the Oil Conservation Division have APPROVEDS been complied with and that the information given is true and complete to the best of my knowledge and belief. SUPERVISOR DISTRICT # 3 TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for 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 !!!. Admin. Supervisor All sections of this form must be filled out completely for silow-able on new and recompleted wells. (Tille) 1-2-85

completed wells.