## STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

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OPERATOR		+-	+	_
PROBATION OF		<del></del>	+	

## 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

REQUEST FOR ALLOWABLE				
AND				
I. AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAS				
Operator				
Amoco Production Company	Other (Please called JAN 22 1985			
A441948	(2) (3)			
501 Airport Drive Farmington, NM 87401	03/900			
Research(s) for liling (Check proper box)	Ory Gas Candensers  Other (Picase capital)  OIL CON. 3  Candensers			
New Well Change in Transporter of:	Ower Lesense subjects The			
Recompletion Oil	, COV 3			
Change in Ownership Casinghood Gas	Ory Cas			
Castriduose Cas X	Condensate			
If change of ownership give name				
II. DESCRIPTION OF WELL AND LEASE				
Lesse Name	Formation			
1 Annie / Elliell and a la l				
Location Location	esaverde State, Federal or Fee Federal SF 078132			
Unit Letter J: 1800 Feet From The South Line and 1500 Feet From The 60st				
Line of Section // Township 29 N Range 9 W NMPL: San Juan County				
	County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
or Candenagle ix	Andreas (Gues address -			
Permian Corp. Permian (Eff. 9 / 1 /87)	Agaress (Give address to which approved copy of this form is to be sent)			
Name of Authorized Transporter of Casinghead Gas ar Ory Gas	P. O. Box 1702 Farmington, NM 87499			
El-Paso Natural Gas Company	Address (Give address to which approved capy of this form is to be sent)			
	P. O. Box 990 Farmington, NM 87401			
If well produces all ar liquids. Unit Sec. Twp. Age. give location of tanks.	is gas actually connected? When			
this production is commingled with that from any other lease or pool, give commingling order number:				
IOTE: Complete Parts IV and V on reverse side if necessary.				
•	19			
T. CERTIFICATE OF COMPILANCE	OIL CONSERVATION DIVISION			
nereby certary that the rules and regulations of the Oil Conservation Division have	1			
an complete with and that the infolmation vives is the and complete to the	APPROVED A JAN 1985			
y knowledge and belief.				
/	BY house Inoxon			
$O \setminus C$	TITLE DEPLITY OIL & GAS INSPECTOR, DIST. #3			
$\langle \langle \cdot \rangle \setminus \langle \cdot \rangle$				
- (-)(-) hau	This form is to be filed in compliance with AULE 1104.			
(Signature)	Signature   If this is a request for allowable for			
Admin. Supervisor				
THE TOTAL ME ACCORDANCE WITH MULE III.				
1-2-85	All sections of this form must be filled out completely for allowable on new and recompleted wells.			
(Date)	Fill gut only tactions to the			
	if the porter of other such change of condition			
	Separate Forms C-104 must be filed for each pool in multiply completed wells.			