## STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

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## OIL CONSERVATION DIVISION P. O. BOX 2086 SANTA FE. NEW MEXICO 87501

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

REQUEST FOR ALLOWARI F

AND  AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS				
Operator	THE AND NATURAL GAS			
Amoco Production Company				
	GA PARTITION OF THE PAR			
Sol Airport Drive Farmington, NM 87401 Researce) for filing (Check proper box)	Other (Please explain)			
New Well Change in Transporter of:	25 1995			
Change in Ownership Cestinghood Ges	Condensate			
If change of ownership give name				
II. DESCRIPTION OF WELL AND LEASE				
Lesse Name   Well No.   Pool Name, Including				
Nye Gas Com IA Blanco Me	Saverde State, Federal or Fee Jedyal 57, 227			
Unit Letter F: 2225 Feet From The North Line and 950 Feet From The West				
Liver 18 mg 7				
County County				
Name of Authorized Transporter of CIL Or Condensate Address to which assessed asset as a second as				
Permian Corp. Permian (Eff. 9 / 1 /87)	P. O. Box 1702 Farmington, NM 87499			
Name of Authorized Transporter of Casinghedd Gas or Dry Gas 2	P. O. Box 990 Farmington, NM 87401			
If well produces oil or liquids, Unit Sec. Twp. 1890. give location of tanks. F 7 29N 9W	is gas actually connected? When			
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.				
T. CENTURE : TO DE CONTROL !!				
beech emit the the the standard and the				
escen complied with and that the information given is true and complete to the best of the property knowledge and belief.				
1	BY DEPUTY OF STATES			
ONC/	TITLE DEPUTY OIL & GAS INSTECTOR, DIST. #3			
()/) how	This form is to be filed in compliance with RULE 1104.			
Admin. Supervisor	If this is a request for allowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.			
1-2-85	All sections of this form must be filled out completely for sliomable on new and recompleted wells.			
(Dete)	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.			
11	Separate Forms C-104 must be filled for each pool in multiply completed wells.			