## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL		
	GAS		
DPERATOR			
PROBATION OFFICE			

## OIL CONSERVATION DIVISION P. Q. BQX 2088 SANTA FE, NEW MEXICO 87501

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

REQUEST FOR ALLOWABLE

	AND SPORT OIL AND NATURAL GAS		
Amoco Production Company			
501 Airport Drive Farmington, NM 87401			
Reeson(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:	Other (1 lease expisin)		
Recompletion OII	Dry Gas		
Change in Ownership Casinghead Gas	Candensate		
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE			
Lease Name   Well No.   Pool Name, including	_ Ledge Wa		
Gallegos Conyon Unit 164 Basin Dakota	State, Federal or Fee Aderal 078920		
Unit Letter N : 790 Feet From The South Line and 1190 Feet From The West			
Line of Section 35 Township 29N Range /	3W, NMPM, Son Juan County		
MI. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL Number of Authorized Transporter of Cit or Candensate	L GAS		
Permian Corp. Permian (Eff. 9 / 1 /87)	P. O. Box 1702 Farmington, NM 87499		
El Paso Natural Gas Company	P. O. Box 990 Farmington, NM 87401		
if well produces oil or liquids. Unit Sec. Twp. Age. give location of tanks. N 35 29N 13W	Twp.   Rge.   Is gas actually connected?   When		
If this production is commingled with that from any other lease or pool.			
NOTE: Complete Parts IV and V on reverse side if necessary.	government and the state of the		
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VI. CERTIFICATE OF COMPILANCE	OIL CONSERVATION DIVISION 1005		
I hereby certify that the rules and regulations of the Oil Conservation Division have APPROVED 1			
been complied with and that the information given is true and complete to the best of			
my knowledge and belief.	BY haples thousand		
$\circ$	TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3		
SDShaw	This form is to be filed in compliance with RULE 1104.		
(Signature)	If this is a request for allowable for a newly defilled on de-		
Admin. Supervisor	tests taken on the well in accordance with AULE it.		
(Title) 1_2_85	All sections of this form must be filled out completely for silow- sbie on new and recompleted wells.		
Fill out only Sections I. II. III. and VI for changes of well name or number, or transporter, or other such change of co			
Separate Forms C-104 must be filled for each pool in completed wells.			
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