STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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THAMEPORTER	OIL		
	GAS		
OPERATOR		1	
PROBATION OFFICE			

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

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

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL CASE

[. A	UTHORIZATION TO TRAN	ISPORT OIL AI	UTAN DN	RAL GAS		
Amoco Production Company						
Address						
501 Airport Drive Farming	ton, NM 87401					
Reason(s) for filing (Check proper box)		1015				
New Wall	hange in Transparier of:	O'r	er (Please	ezpisin)		*
Recompletion] OII [] [Dry Gas		·		
Change in Ownership	Casinghead Gas	Condensate				
If change of ownership give name and address of previous owner						
II. DESCRIPTION OF WELL AND LEAS	i r					
Leuse Name	ill Na. Pool Name, including F	ormation		Kind of Lease		
Gallegos Conyon Unit 1	89 Basin Dakota		1		, ,	eque No.
Location				State, Federal or Fee Jed	<u>mal</u> 920	20084
Unit Lotter E : 2480 F	ret From The North Lis	ne and illa	.a	5 5 / la	_ /	
					<u>5</u>	
Line of Section 36 Township	29N Range /	<u>3</u> W	, NMPM,	San Juan		County
III. DESIGNATION OF TRANSPORTER						County
Name of Authorized Transporter of City	OF OIL AND NATURAL	L GAS	a d da			
Permian Corp. Permian (EH 9/	1 /0/)	P. O. Bo	x 1702	Farmington, NM	form is to be se	ent)
Name of Authorized Transporter of Castinghead C	as Ory Gas	Address (Give	address to	which approved capy of this	07499	··
El Paso Natural Gas Company		P. O. Bo	x 990	Farmington, NM	87401	ine)
If well produces oil or liquids, Unit	Sec. Twp. Sqe.	Is gas actually	connected			
give location of tanss.	36 29N 13W			t		
If this production is commingled with that fro	im any other lease or pool,	give commingii	ng order r	umber:		
NOTE: Complete Parts IV and V on reve	rse side if necessary.					
	,, , , , , , , , , , , , , , , ,	1				
VI. CERTIFICATE OF COMPLIANCE	CERTIFICATE OF COMPILANCE OIL CONSERVATION DIVISION					
hereby certify that the rules and regulations of the (Dil Conservation Division have	APPROVED		Λ) E
een complied with and that the information given is to my knowledge and belief.	rue and complete to the best of	AFFROVED	10-11		<u>1 2 2,198</u>	<u> </u>
/	1	87	1200	lis Sholson	~	
\circ		TIT1 F	DEPLITY (nl 1 cas inspector, di	ST .#3	
$R \cap A$						
1) Dorlaw		This for	m is to be	filed in compliance with	1 TULE 1104.	
Admin. Supervisor				t for allowable for a new! r accompanied by a tabul		repensed
				. THE SECONDANCE MILE ALL	⊑ E 111.	
[Tille] 1-2-85	!	All section new a	one of thi and recom	s form must be filled out	completely for	r allow-
(Date)		Fill out	only D	IOP IOU. SE PERL VI (o	r changes of	
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