STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

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	GAS		
DPERATOR		_	
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 Page 1

OPERATOR REQUEST FOR ALLOWABLE				
PROBATION OFFICE	AND			
I. AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GAS			
Operator				
Amoco Production Company				
Address				
501 Airport Drive Farmington, NM 87401				
Reason(s) for liling (Check proper box)				
New Well Change in Transporter of:	Other (Please explain)			
	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				
II. DESCRIPTION OF WELL AND LEASE Lease Name Well No. Pool Name, including	Formation Kind of Lease			
Galligos Conyon Unit 172 Basin Dakota	Lagar Alas			
Galligos Conyon Unit 172 Basin Dakota	State, Foderal or Foo Federal SF 926			
Unit Letter P: 830 Feet From The South Line and 790 Feet From The Cast				
Line of Section 25 Township 29N Range	13W, NMPM, San Juan County			
	County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS				
Name of Authorized Transporter of Util				
Permian Corp. Permian (Ell. 97 1/87)	P. O. Box 1702 Farmington, NM 87499			
Name of Authorized Transporter of Castingheda Gas or Dry Gas 🔀	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			
ell produces all or liquids. Unit Sec. Twp. Age. Is an actually connected? When				
give location of tanks. P 25 29N 13W				
[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.				
Л. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION			
	THE SOURCE IN A LIGHT DIVISION			
hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED			
een complied with and that the information given is true and complete to the best of hy knowledge and belief.				
/	BY north			
	TITLE DEPUTY ON A GAS PROPERTY			
$O \land C I$	THE STATE OF A GAS INSPECTED, DIST. #3			
This form is to be filed in compliance with AULE 1104.				
(Signature)	If this is a request for allowable for a nearly delited as done			
Admin. Supervisor	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.			
(Title)	All sections of this form must be filled out completely for sllow- able on new and recompleted wells.			
(Date)	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 need in				
JAN 16 1985				
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OIL CONL DIV.