## STATE OF NEW MEXICO ENERGY NO MINERALS GEPARTMENT

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TRANSPORTER	016	$\top$	<del>†-</del>	7
	SAS	1	1	٦
OPERATOR		1	+	7
PROBATION OFFICE		_	1	4

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

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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAP

I. AUTHORIZATION TO TR.	ANSPORT OIL AND NATURAL GAS
Amoco Production Company	
Restor(s) for filing (Check proper box)	
New Well Change in Transporter of:    Recompletion	Ory Gas Condensare  OIL CON.  OIL CON.  OIL CON.
If change of awnership give name	Condensate OIL DIST. 3
and address of previous owner	
II. DESCRIPTION OF WELL AND LEASE  Legae Name  Well No. Pool Name, Including	
Bruington Gas Com     Basin Dakot	
Unit Letter E : 930 Feet From The West	Line and 1470 Feet From The North
Line of Section /4 Township 29N Range	
III. DESIGNATION OF TRANSPORTER OF OR	San Suan
Domina Cana	Andrees (Give address to which approved come of the form
Name of Authorized Transporter of Castinghead Gas or Ory Gas	i i o box i/uz rarmington, NM 87499
El Paso Natural Gas Company	P. O. Box 990 Farmington, NM 87401
If well produces all or liquids. Unit Sec. Twp. Age. qive location of tanks.	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.	and the state of t
VI. CERTIFICATE OF COMPLIANCE	CII CONSERVATION D
hereby certify that the rules and regulations of the Oil Conservation Division have	CIL CONSERVATION DIVISION
seen complied with and that the information given is true and complete to the best of my knowledge and belief.	Charles 1// 1 . 19
	DEDITY OF TOTAL
(S/) Show	TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3
Admin. Supervisor	If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.
1-2-85	All sections of this form must be filled out completely for silonable 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 owner.
il	Separate Forms C-104 must be filed for each pool in multiply completed wells.