## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OIST RIGHT 10M			ī
SAMEA PE			
FILE		1	1
U.S.G.A.			
LANG OFFICE			
TRAMEPORTER	016		
	GAS		
OPERATOR			
PROBATION OFFICE			

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

Form C-104 Revised 10-01-78 Format 06-01-33 Page 1

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OIL AND NATURAL C

	AND		
I. AUTHORIZATION TO TRAN	SPORT OIL AND NATU	RAL GAS	
Operator			
Amoco Production Company			
Address			
501 Airport Drive Farmington, NM 87401			
Reason(s) for filing (Check proper box)	Other (Plane		
New Well Change in Transporter of:	Other (Please	espiain;	
	Dry Gas	·	
Change in Commenter			
Caranteer des S	Candensore		,
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE			
Lease Name Well No. Pool Name, including I	1	Kind of Lease	Legse No.
Gallegas Conyon Unit   211   Basin Dakota	į	State, Federal or Fee Jedural	
			92000844
Unit Letter G: 1650 Feet From The North Li	ne and/650	Feet From The East	
Line of Section 32 Township 29N Range	12W , NMPM.	San Juan	
		can suan.	County
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA	1 (1)		
Name of Authorized Transporter of CII or Condensate	Aggrees (Give address to	which approved copy of this form is	
Permian Corp. Permian (Eff. 9 / 1 /87)	P. O. Box 1702	Farmington, NM 8749	to be sent)
Name of Authorized Transporter of Castropheda Gas or Dry Gas			
El Paso Natural Gas Company	P. O. Box 990 Farmington, NM 87401		
If well produces oil or liquids, Unit Sec. Twp. Sqs.	is gas actually connected	17 When	
give location of tenza. G 32 29N 12W		t	
If this production is commingled with that from any other lesse or pool,	zive commingling order	number	
NOTE: Complete Parts IV and V on reverse side if necessary.			
VI. CERTIFICATE OF COMPILANCE	01.00	AICCOMATION -	
VI. CERTIFICATE OF COMPERANCE	UIL CU	NSERVATION DIVISION 3	100E
I hereby certify that the rules and regulations of the Oil Conservation Division have	APPROVED	JAN & &	1985
been complied with and that the information given is true and complete to the best of	7	1/1	19
my knowledge and belief.	8Y	8. 6. 11111	
/	DEPLIT	Y CIL & COMPLETON	•
$O \times C /$	TITLE	Y GIL & GAS INSPECTOR, DIST.	<b>43</b>
$\langle \langle \rangle \rangle$		e (iled in compliance with RUL)	
1) Darlang	If this is a secur-	a triad in compilance with Mill	1104.
(Signay of )	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		
Admin. Super Afor & 10	tests taken on the we	il in accordance with au F. I.	i tite contactor
1-2-85 (Tule)	All sections of the	is form must be filled out comple	tely for silow-
Gy Mos	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.		
201 19es 1111	Separate Forms Completed wells.	0-104 must be filed for each po	ol in multiply