STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

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| SAMPA PE | ┿ | + | - |
| 1164 | +- | ┰ | _ |
| U. 1. 4. | +- | + | - |
| LAMO OFFICE | +- | + | - |
| TRAMPORTER OIL | | | ┪ |
| 944 | \Box | Т | 7 |
| OPERATOR | | | 1 |
| PROMATION OFFICE | | 1 | 1 |
| | | | |

OIL CONSERVATION DIVISION P. O. BOX 2084 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Former 06-01-63

REQUEST FOR ALLOWABLE

| OPERATOR PROGRATION OFFICE | REQUEST FOR ALLOWABLE | | | |
|-------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------|
| 1. | AUTHORIZATION TO TR | AND | NATURAL CASE BE | |
| Оригенее | | AUSPORT OIL AND | NATURAL CASE 15 15 | |
| Amoco Production Company | | | | ^UN |
| Research for liling (Check proper box) | ngton, NM 87401 | | · CC | DN. DIV. |
| Now Well | Change in Transporter of: | Other (| Please explain) | 157.3 |
| Recompletion | ou _ | Dry Cas | . • | • |
| Change in Ownership | Casinghood Gas | L Condensate | | |
| If change of awnership give name | | | | |
| II. DESCRIPTION OF WELL AND LE | ASE | | | |
| Martinez Gas Com G | Well No. Pool Name, Including | Formation | Kind of Lease | |
| | 1 Blanco M | waverde_ | State, Federal or Fee | Leges No. |
| Unil Lottor A : 1190 | Feet From The North | 100 000 790 | | |
| Line of Section 24 Township | 20 | | Feet From The <u>Cas</u> | : t |
| III DESIGNATION OF | | 10 W . N | up: San Juan | Caunty |
| M. DESIGNATION OF TRANSPORTE | R OF OIL AND NATUR | L GAS | , | |
| Permian Corp. | County Sales | Andress (Give addr. | 1702 Farming to 1 | is form is to be sent! |
| Name of Authorized Transparter of Casinghead | Cas Ory Gas | | | |
| El Paso Natural Gas Compa | nν | P. O. Box | 290 Farmington, NM | 87401 |
| If well produces all or liquids, Unit give location of tanks. | 34 29N 100 | Is das actually coun | ected? When | 0.401 |
| If this production is commingled with that f | 24 29N 10W | | 1 | |
| NOTE: Complete Parts IV and V on res | verse side if necessary. | give commingling or | der number: | |
| VI. CERTIFICATE OF COMPLIANCE | | il au | | |
| I hereby certify that the rules and regulations of the been complied with and that the information times | 00.0 | [] U!L | CONSERVATION DIVISI | 9No 1085 |
| been complied with and that the information given is my knowledge and belief. | true and complete to the pest of | APPROVED | 111111111111111111111111111111111111111 | |
| _ / | | BY | harles Sholso | ~ |
| BDShan | | | DEPUTY OIL & GAS INSPECTO | |
| (Signature) | | This form is | to be filed in compliance wit | h RUCE 1104. |
| Admin. Supervisor | | well, this form and | quest for allowable for a new at he accompanied by a tabul well in accordance with AU | ly drilled or despe- |
| 1-2-85 | | | (this to | |
| (Date) | | Fill out only Sections I. U. III. and VI for changes of owner, well name or number, or transporter or other such a changes of owner. | | |
| | | Separate Formi | C-104 must be flied for e | ech pool in multiply |
| | | | | |