## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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	GAS	1	+-
OPERATOR			+-
PROBATION OFFICE		+	

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

Form C-104
Revised 10-01-78
Format 06-01-83
Rage 1

## REQUEST FOR ALLOWABLE AND AUTHORIZATION TO TRANSPORT OF AND MATURA

I. AUTHORIZATION TO TRAI	NSPORT OIL AND NATURAL GAS			
Amoco Production Company	COST TO SERVICE			
501 Airport Drive Farmington, NM 87401	m E			
Recempletion   Change in Transporter of:   Recempletion   Cili   Change in Ownership   Casingheed Gas	Other (Please ex 18) JAN 03 1985  OIL CON. DIV.			
If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AND LEASE  Lease Name  Gal Ligas Canyon Unit 187 Basin Dakota  Location  Unit Letter F: 2220 Feet From The North L	State, Federal ar Fee Federal 920084			
Line of Section 30 Township 29N Range 12W NARY Societies				
III. DESIGNATION OF TRANSPORTER OF OUR AND NATURAL CASE				
Permian Corp. Permien (Eff. 9 / 1/87)	P. O. Box 1702 Farmington, NM 87499			
Name of Authorized Transporter of Casinghedd Gas or Ory Gas El Paso Natural Gas Company	P. O. Box 990 Farmington, NM 87401			
If well produces oil or liquids, Unit Sec. Two. Rgs. Give location of tanks. F 30 29N 124	Is gas actually connected? When			
If this production is commingled with that from any other lease or poot.  NOTE: Complete Parts IV and V on reverse side if necessary.				
VI. CERTIFICATE OF COMPLIANCE  I hereby certify that the rules and regulations of the Oil Conservation Division have been complied with and that the information given is true and complete to the best of	OIL CONSERVATION DIVISION 22 1985			
my knowledge and belief.	BY harles III			
PNC/	TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3			
Signature) Admin. Supervisor	This form is to be filed in compliance with RULE 1104.  If this is a request for sllowable for a newly drilled or despended well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.			
(Tule) 1-2-85	All sections of this form must be filled out completely for silow- sble on new and recompleted wells.			
(Date)	Fill out only Sections I. H. III, and VI for changes of owner, well name or number, or transporter, or other such change of condition			
11	Separate Forms C-104 must be filed for each pool in multiply completed wells.			