STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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OIL CONSERVATION DIVISION

Form C-104 Remsed 10-01-78 Format 06-01-83 Page 1

SANTA FE. NEW MEXICO 87501

	FOR ALLOWABLE		
1. AUTHORIZATION TO TRA	MSPORT OIL AND NATURAL GAS		
Operator	- FIVE (I)		
Amoco Production Company	MSPORT OIL AND NATURAL CAS		
501 Airport Drive Farmington, NM 87401	Ory Gas Other (Please explain) OIL CON. OIL CON. DIST. 3		
New Well Change in Transporter of:	Other (Please explain)		
Accompletion Oil	Ory Case OIL DIST. 3		
Canada Cas X	Condensate		
If change of ownership give name			
II. DESCRIPTION OF WELL AND LEASE			
Lesse Name Well No. Pool Name, including	Anna di Cedeb		
State Gas Com BS 1 Otero Cho	acra State State		
Unit Letter K : 1450 Feet From The South Line and 1755 Feet From The West			
Line of Section 23 Township 29 N Range	//W MAGD: So L		
III. DESIGNATION OF TRANSPORTER OF OF AND MARKET			
or Candenage	Aggrees (Give address to which approved copy of this form is to be sent)		
Permian Corp. Permian (Eff. 9 / 1 /87) Name of Authorized Transporter of Casinghead Cas or Ory Cas [X]	1 P. U. Box 1/02 Farmington, NM 87499		
El-Paso Natural Gas Company	P. O. Box 990 Farmington, NM 87401		
If well produces all or liquids, Unit Sec. Twp. Age. give location of lanks. K 23 29N 1/4	Is das actually connected? When		
I 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.			
7. CERTIFICATE OF COMPILANCE	OH CONSTRUCTION		
hereby certify that the rules and regulations of the Oil Conference B.			
een complied with and that the information given is true and complete to the best of the knowledge and belief.	and that the information given is true and complete to the best of		
1	sy_ harles Tholson		
R.NCI	TITLE DEPUTY OIL & GAS INSPECTOR, DIST. #3		
-()())haw	This form is to be filed in compliance with RULE 1104.		
(Signature) Admin. Supervisor	If this is a request for allowable 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 AULE 111.		
1-2-85	All sections of this form must be filled out completely for sliow- 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 flied for each pool in multiply completed wells.		
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