STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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SANTA PE	P. O. 80)
FILE	
U, 8. U. 8.	SANTA FE, NEW
LAND UFFICE	
TRANSPORTER GAS	מבמירנד במת
OPERATON	REQUEST FOR
PROBATION OFFICE	
I.	AUTHORIZATION TO TRANSPI
Operator	
0	C
Amoco Production	company
, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,
2325 East 30+1	Street Formington, NA
Reason(s) for filing (Check prop	er box;
Mem Kell	Change in Transporter of:
Recompletion	OII
Change in Ownership	Casinghead Gas Con
And address of previous owner H. DESCRIPTION OF WELL	
Legae Name	Well No. Pool Name, Including For
1 -	
Gallegos Canyon Ur	it 110E Basin Dakota
Location ,	
Unit Letter :	1970 Feel From The South Line
Line of Section 19	Township 29N Range 12
III. DESIGNATION OF TR	ANSPORTER OF OIL AND NATURAL (
Name of Authorized Transporter	of Casinghead Cas or Dry Cas 🔀
Amoco Production	Company Twp. Rge.
If well produces oil or liquids, give location of tanks.	T 19 29N 12W
If this production is commingle	ed with that from any other lease or pool, gi
NOTE: Complete Parts IV	and V on reverse side if necessary.

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

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MEXICO 87501_

ALLOWABLE

•	AUTHORIZATION TO TRA	MSPORT OIL AND NATE	JRAL GAS	Charles and the same of the sa	
Operator			OIL CON. DIV		
			Diet UIV	, 4	
Amoco Production Comp	200y		<u> </u>		
2325 East 30th Stre Reason(s) for liling (Check proper box)	et Formington,	NM 87401		 .	
		Olner (Fieas	e espiain/		
Now Well	Change in Transporter of:		_		
Recompletion		Dry Gos			
Change in Ownership	Castnohead Cas	Condensore			
I change of ownership give name					
ind address of previous owner					
		•	•		
I. DESCRIPTION OF WELL AND L	Well No. I Pool Name, Including	Formalia	Kind of Lease	7	
Lease Name) ·· =	Lease No.	
Gallegos Canyon Unit	110E Basin Dake	ota ·	State, Federal or Fee Federal	SF080723	
—		•		•	
Unit Letter : 1970	Feet From The South	Line and 640	Feet From The East		
	_				
Line of Section 19Townsh	nip 29N Range	12W , NMP1	u. San Juan	County	
		!			
I <u>I. DESIGNATION OF TRANSPOR</u>	TER OF OIL AND NATUR	AI. GAS			
Name of Authorized Transporter of CII	or Condensate	Addiess (Give address	to which approved copy of this form is t	o be sent)	
Permian Corporation Name of Authorized Transporter of Casinghead Gas or Dry Gas Or Dry Gas		PO Box 170	PO Box 1702 Formington NM 87499 Address (Give address to which approved Ecopy of this form is to be sent)		
Name of Authorized Transporter of Casingh	read Gas Or Dry Gas	Address (Give address	to which approved topy of this form is i	o be sent)	
Amaco Production Com	pany	2325 East 3	Buth St Farmington N	M 87401	
If well produces oil or liquids,		1	ed? When		
give location of tanks.	I 19 29N:12	N Ves	6/11/84	:	
this production is commingled with th	net from env other lease or nor		•		
inte production is communitied with the	int item any other search or poo	at Prince and investigation			

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 my knowledge and belief.

•	Original Signed By B. D. Shaw	
	(Signature)	
	Adm Supervisor	
	(Title)	
	4/7/88	
	(Date)	

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APPROVED

This form is to be filed in compliance with RULE 1104.

If this is a request for allowable for a newly drilled or deepensel well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for allowable on new and recompleted wells.

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 filed for each pool in multiply completed wells.