STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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FILE			
U.S.G.A.		<u> </u>	
LANG OFFICE			
TRAMEPORTER	air		
	g A 6		
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 Page 1

REQUEST FOR ALLOWABLE

PROBATION OFFICE	AUTUORITATION TO TO TO TO TO TO		
I. AUTHURIZATION TO	TRANSPORT OIL AND NATURAL GAS		
Cperdiar .			
Amoco Production Company			
Address			
501 Airport Drive Farmington, NM 8740	1		
Reeson(s) for filing (Check proper box)	Other (Please explain)		
New Wet! Change in Transporter of	· · ·		
Recompletion	Dry Gas		
Change in Ownership Casinghees Gas	Condensate		
If change of ownership give name			
II. DESCRIPTION OF WELL AND LEASE			
Lesse Name Weil No. Pool Name, Inc	cluding Formation Kind of Lease Lease No.		
Gallegos Conyon Unit 2116 Basin Da	akota State, Federal or Fee Federal 9200844		
Location	2200844		
Unit Letter C : 900 Feet From The North	4 Line and 1740 Feet From The West		
	real From the Const		
Line of Section 32 Township 29N Ro	ange 12W , NMPM, San Juan County		
	County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NA	ATURAL GAS		
Name of Authorized Transporter of CII or Condensate 🔀	Agazeus (Give address to which approved copy of this form is to be sent)		
Permian Corp. Permian (Eff. 9 / 1 /87)	P. O. Box 1702 Farmington, NM 87499		
Name of Authorized Transporter of Casingheda Gas or Dry Gas	Address / Give address to which approved copy of this form is to be sent)		
El Paso Natural Gas Company	P. O. Box 990 Farmington, NM 87401		
if well produces oil or liquids, Unit Sec. Twp.	Rge. Is gas actually connected? When		
give location of tenes. C 32 29N .	12W		
I this production is commingled with that from any other lesse	of good. Zive commingling order number		
NOTE: Complete Parts IV and V on reverse side if necessar	ry.		
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
VI. CERTIFICATE OF COMPLETATOR	OIL CONSERVATION DINING 2 2 1985		
hereby certify that the rules and regulations of the Oil Conservation Divisi	ION DEVE APPROVED # // # //		
peen compiled with and that the information given is true and complete to the	e best of		
nv knowledge and belief.	BY		
	/ DEPUTY GIL & GAS INSPECTOR, DIST. #3		
ONCI			
(5/23ha)	This form is to be flied in compliance with AULE 1104.		
(Sideside)	(Signature)		
Admin. Supervisor	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AULE 111.		
(tale) A g	All sections of this form must be filled out completely for allow-		
1-2-85	able on new and recompleted wells.		
(Pare) V O	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.		
Sa. 185 111	Separate Forms C-104 must be filled for each pool in multiply completed wells.		