STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

2 **		T
	1	
	\Box	
OIL.		
GAS		
		_
HC E		
		GIL.

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

H must be flied for escripped in multiply

JAN 03 1935

OIL CON. DIV

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS Operator Amoco Production Company 501 Airport Drive Farmington, NM 87401 Reason(s) for filing (Check proper box) Other (Please explain) New Well Change in Transporter of: Recognise to 011 Dry Gas Change in Ownership Casingheed Gas Condensate If change of ownership give name and address of previous owner. II. DESCRIPTION OF WELL AND LEASE Well No. | Pool Name, including Formation Kind of Lease Basin Dakota State, Federal or F 5/18109 1080 Feet From The South Line and Line of Section 33 Township 29N Range /aw III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Cil Agazons (Give address to which approved capy 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 Casinghead Gas Address (Give address to which approved copy of this form is to be sent) or Dry Gas El Paso Natural Gas Company P. O. Box 990 Farmington, NM 87401 Is gas detually connected? If well preduces oil or liquids. give location of tanks. 33 :29N 12W If this production is commingled with that from any other lease or pool, give commingling order numbers NOTE: Complete Parts IV and V on reverse side if necessary. VI. CERTIFICATE OF COMPILANCE OIL CONSERVATIO I hereby terrify that the rules and regulations of the Oil Conservation Division have APPROVED been complied with and that the information given is true and complete to the best of my knowledge and belief. DEPUTY OIL & GAS INSPECTOR, DIS This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened well, this form must be accompanied by a tabulation of the deviation Admin. Supervisor teets taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-(Tule) 1-2-85 Fill out only 300 and the purchase of owner of condition (Date) name or number,

Separate Forms completed wells.