STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

OIL CON. DIV.

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	41469	1	
DISTRIBUTION		7	7
SA ATMAI		+-	+-
FILE		+-	┿
U. 5.G.4.		+-	+-
LANG OFFICE		+	
TRAMEPORTER	OIL	┼	+
	GAS	├	+
OPERATOR		-	┼
		_	_
PROBATION OFFICE		1	1 "

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

Form C-104 Revised 10-01-78 Format 05-01-83 Page 1

REQUEST FOR ALLOWABLE AND

I.	AUTHORIZATION TO TRA	AND INSPORT OIL AND MAY	118.11		
		THE OR I OIL AND NAT	URAL GAS		
Amoco Production Company					
Address 501 Advances David					
701 Airport Drive Farmin	gton, NM 87401				
Name West		Other (Pleas	it explain		
Recompletion	Change in Transporter of:			_	
Change in Ownership	Ott Caninghood Can	Dry Gas			
If change of ownership give name		Condensate			
and address of previous owner					
II. DESCRIPTION OF WELL AND LEA					
, acces (14mm)	Neil Na. Pool Name, including				
Galligas Canno Onit	52E Basin Dakota		Kind of Lease	Lege No.	
Cocation			State, Federal or Fee Fedural	SF8109	
Unit Latter 0 : 790 g	Test From The South .	102/0	_ Feet From The _ 6as+	<u> </u>	
		Ine and/640	Feet From The 60st		
Line of Section 2/ Township	I		. San Juan		
III. DESIGNATION OF TRANSPORTER			Jan Juan	County	
Name of Authorized Transporter of CII	OF CONTRACTOR OF	L GAS	· ·		
Permian Corp. Permian (FH 9)	/ 1 /87)	P. O. Boy 1700	o which approved copy of this form is to	o be sent)	
Name of Authorized Transporter of Casingheart	Con City on Day of	1 0. DOX 1702	. rarmington, NM 87499		
El Paso Natural Gas Compan	<u>y</u>	P. O. Box 990	Farmington, NM 87401	be sens)	
If well produces oil or liquids, Unit give location of tanks.	Sec. Twp. Rge.	Is gas actually connecte			
)	l	i	
If this production is commingled with that fr	om any other lesse or pool,	give commingling order	number:		
NOTE: Complete Parts IV and V on rev	erse side if necessary.				
VI. CERTIFICATE OF COMPLIANCE		1 0,	-		
			NSERVATION ALVISION 100) E	
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					
my knowledge and belief.	due and complete to the best of	7	VI ONO.	9	
_ /		9Y	Marker Thomas		
ρ λ α /		TITLE DEPUT	Y GIL & GAS INSPECTOR, DIST. #3	,	
_DDShan		i	e (lied in compliance with RULE		
(Signature)					
Admin. Supervisor		tests taken on the we	Il in accordance with any	the deviation	
1-2-85		All sections of the	(= /o	ly for allow-	
Fill out only san				•	
Separate Forms C-104 must be distant change of condition.					
JAN 1 6 1985	5.765	completed wells.	must be illed for each pool	in multiply	
JHIA T O 1222					