

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

Form C-104  
Revised 10-01-78  
Format 06-01-83  
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SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROBATION OFFICE	

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Amoco Production Company

Address  
501 Airport Drive Farmington, NM 87401

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of:	Other (Please explain)
<input checked="" type="checkbox"/> Recompletion	<input checked="" type="checkbox"/> Oil	
<input type="checkbox"/> Change in Ownership	<input checked="" type="checkbox"/> Casinghead Gas	
	<input type="checkbox"/> Dry Gas	
	<input type="checkbox"/> Condensate	

If change of ownership give name and address of previous owner \_\_\_\_\_

II. DESCRIPTION OF WELL AND LEASE

Lease Name Pollock Com D	Well No. 1	Pool Name, Including Formation Armenta Gallup	Kind of Lease State, Federal or Fee	Fee	Lease No.
Location					
Unit Letter <u>M</u> : <u>910</u> Feet From The <u>South</u> Line and <u>500</u> Feet From The <u>West</u>					
Line of Section <u>27</u> Township <u>29N</u> Range <u>10W</u> . NMPM, San Juan County					

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> Permian (EN 9711/87)	Address (Give address to which approved copy of this form is to be sent) P. O. Box 1702 Farmington, NM 87499
Name of Authorized Transporter of Casinghead Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) P. O. Box 990 Farmington, NM 87401
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit : <u>M</u> Sec. : <u>27</u> Twp. : <u>29N</u> Rge. : <u>10W</u>	

If 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.

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.

B D Shaw

(Signature)

Admin. Supervisor

(Title)

2-15-85

(Date)

OIL CONSERVATION DIVISION

APPROVED \_\_\_\_\_

BY \_\_\_\_\_

TITLE \_\_\_\_\_

SUPERVISOR DISTRICT # 3

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 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, casinghead gas or other such change of condition.  
Separate Forms C-104 must be filed for each pool in multiply completed wells.

FEB 19 1985

OIL CON. DIV.  
DIST. 3