

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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TRANSPORTER	OIL GAS
OPERATION	
PRODUCTION OFFICE	

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
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS
OIL CON. DIV.
DIST. 3

I. Operator: Amoco Production Co.

Address: 501 Airport Drive, Farmington, N M 87401

Reason(s) for filing (Check proper box):

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

Other (Please explain):

If change of ownership give name and address of previous owner:

II. DESCRIPTION OF WELL AND LEASE

Lease Name Saiz Gas Com B	Well No. 1	Pool Name, including Formation Otero Chacra	Kind of Lease State, Federal or Fee Fee	Lease No.
Location				
Unit Letter L : 2250 Feet From The South Line and 730 Feet From The West				
Line of Section 14 Township 29N Range 11W N.M.P.M. San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
Gas Company of New Mexico	P.O. Box 1899, Bloomfield, NM 87413
If well produces oil or liquids, give location of tanks.	Is gas actually connected? when
Unit L Sec. 14 Twp. 29N Rge. 11W	No

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.

BDS Shaw
(Signature)
Adm. Supervisor
(Title)
November 7, 1985
(Date)

OIL CONSERVATION DIVISION
NOV 12 1985
APPROVED
BY Frank J. Shaw
SUPERVISOR DISTRICT #3
TITLE

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 deviator 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 multiphase completed wells.