

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

NO. OF COPIES RECEIVED		
DISTRIBUTION		
SANTA FE		
FILE		
U.S.O.S.		
LAND OFFICE		
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 06-01-83
Page 1

RECEIVED

MAR 27 1986

OIL CON. DIV. 1
DIST. 3

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator
Amoco Production Co.
Address
501 Airport Drive, Farmington, N M 87401

Reason(s) for filing (Check proper box)
☐ New Well
☐ Recompletion
☐ Change in Ownership
 Change in Transporter of:
☐ Oil
☐ Casinghead Gas
☒ Dry Gas
☐ Condensate
 Other (Please explain) _____

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Candelaria Gas Com C</u>	Well No. <u>1</u>	Pool Name, including Formation <u>Otero Chacra</u>	Kind of Lease State, Federal or Fee <u>Fee</u>	Lease No. _____
Location Unit Letter <u>C</u> : <u>940</u> Feet From The <u>North</u> Line and <u>1480</u> Feet From The <u>West</u> Line of Section <u>27</u> Township <u>29N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Permian Corporation Permian (Eff. 9/1/87)</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1702, Farmington, NM 87499</u>
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas Company</u>	Address (Give address to which approved copy of this form is to be sent) <u>Caller Service 4490, Farmington, NM 87499</u>
If well produces oil or liquids, give location of tanks. Unit <u>C</u> Sec. <u>27</u> Twp. <u>27N</u> Rge. <u>10W</u>	Is gas actually connected? <u>Yes</u> When <u>3-25-86</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.

BDS Shaw

Adm. Supervisor

3-25-86

(Signature)

(Title)

(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, or transporter, or other such change of condition.

Separate Forms C-104 must be filed for each pool in multiple completed wells.