

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

30201N
3021R

241986

CON. DIV.
DIST. 3

Operator
Amoco Production Co.

Address
501 Airport Drive, Farmington, N M 87401

Reason(s) for filing (Check proper box)

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

Other (Please explain)

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name USG Section 18	Well No. 42	Pool Name, including Formation Hogback	Kind of Lease State, Federal or Fee Federal	Log No. I-89- IND-58
Location Unit Letter <u>M</u> : <u>1280</u> Feet from The <u>South</u> Line and <u>670</u> Feet from The <u>West</u> Line of Section <u>18</u> Township <u>29N</u> Range <u>16W</u> , NMPM, San Juan County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input checked="" type="checkbox"/> or Condensate <input type="checkbox"/> Permian Corporation Permian (Eff. 9/1/87)	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"/> To be vented	Address (Give address to which approved copy of this form is to be sent)
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit: <u>M</u> Sec.: <u>18</u> Twp.: <u>29N</u> Rge.: <u>16W</u>	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.

Original Signed By
B. D. Shaw

(Signature)

Adm. Supervisor

(Title)

January 23, 1986

(Date)

OIL CONSERVATION DIVISION
JAN 29 1986

APPROVED

BY

Original Signed by FRANK T. CHAVEZ

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 deviated tests taken on the well in accordance with RULE 111.

All sections of this form must be filled out completely for all wells on new and recompleted wells.

Fill out only Sections I, II, III, and VI for changes of own well name or number, or transporter, or other such change of condition.

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