STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

		_	
	47-6-	1	
DISTRIBUTION		7	T
IAMTA PE		7	1
FILE		1	1
v.t.a.a.		1-	1
LAND OFFICE		1	
TRAMAPORTER	016	1	Ť
	BAB		1
OPERATOR		1	1
PROBATION OFFICE			

OIL CONSERVATION DIVISION PO. BOX 2088 SANTA FE. NEW MEXICO 87501

Form C-104 Revised 10-01-78 Formal 06-01-83 Page 1

REQUEST FOR ALLOWABLE

AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL CAS

I.	MOPORT LIE AND NATURAL GAS		
Operator			
Amoco Production Company			
501 Airport Drive Farmington, NM 87401 Rescon(s) for filling (Check proper box)			
SOI Airport Drive Famington, NM 87401			
Recompletion OII			
Change in Ownership Caeinghood Gas	Condensore FEB 2 1 1985		
f change of awnership give name and address of previous owner	On Con Div.		
I. DESCRIPTION OF WELL AND LEASE			
Lease Name Well No. Pool Name, Including Formation Kind of Lease Kind of Lease Kind of Lease State, Federal 32000079 Location			
Unit Letter K: 1850 Feet From The South Line and 1850 Feet From The West			
-	14 W . NMPL: San Juan County		
II. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Permian Corp. Familia (2) 8/1/8	P. O. Box 1702 Farmington, NM 87499		
iame of Authorized Transporter of Casinghead Cas	Address (Give address to which approved copy of this form is to be sent)		
El-Paso Natural Gas Company	P. U. Box ggo Farmington, NM 87401		
well produces oil or liquids, Unit Sec. Twp. Age. Ive location of tanks. K 10 31N 14W	Is gas actually connected? When		
this production is commingled with that from any other lease or pool, give commingling order number:			
OTE: Complete Parts IV and V on reverse side if necessary.			
. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
creby certify that the rules and regulations of the Oil Conservation Division have a complied with and that the information given is true and complete to the best of	APPROVED		
knowledge and belief.	to the best of BY FEB 21 1985		
	- way		
RINGHAN	TITLE SUPERVISOR DISTRICT # \$		
This form is to be filed in compliance with AULE 1104. [Signature] [Signature] [Signature]			
Admin. Supervisor	tests taken on the well in accordance with AULE 111.		
1-2-85	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
(Date)	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 filled for each pool in multiply completed wells.		