

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION 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

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
FEB 21 1985
OIL CON. DIV.
DIST. 3

Operator
Amoco Production Company

Address
501 Airport Drive Farmington, NM 87401

Reason(s) for filing (Check proper box)

☐ New Well	Change in Transporter of:	Other (Please explain)
☐ Recompletion	☐ Oil	Name Change: From → Stanolind Gas Com "B"
☐ Change in Ownership	☐ casinghead Gas	To → Stanolind Gas Com "E" #1
	☒ Condensate	

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

II. DESCRIPTION OF WELL AND LEASE

Lease Name
Stanolind Gas Com E

Well No. 1 Pool Name, including Formation
Undesignated Greenhorn

Kind of Lease
State, Federal or Fee Federal

Lease No.
NM019414

Unit Letter I : 1390 Feet From The South Line and 890 Feet From The East

Line of Section 9 Township 32 N Range 12 W N.M.P.L. San Juan County

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☒
Permian Corp.

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 ☐ or Dry Gas ☒
EI 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

well produce oil or liquids, ve location of tanks.

Unit	Sec.	Twp.	Rge.
<u>I</u>	<u>9</u>	<u>32 N</u>	<u>12 W</u>

Is gas actually connected? ☐ When _____

If 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.

CERTIFICATE OF COMPLIANCE

By 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

(Date)
1-2-85

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

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