

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
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DISTRIBUTION	
SANTA FE	
FILE	
U.S.O.S.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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 ☒ Change in Transporter of:
☐ Recompletion ☒ Oil ☐ Dry Gas
☐ Change in Ownership ☒ Casinghead Gas ☐ Condensate
Other (Please explain) RECEIVED
JUL 22 1985

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

OIL CON. DIV.
DIST. 3

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jicarilla Tribal 396</u>	Well No. <u>6</u>	Pool Name, including Formation <u>West Lindrith GLP DK</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>JT 396</u>
Location Unit Letter <u>C</u> : <u>790</u> Feet From The <u>North</u> Line and <u>1720</u> Feet From The <u>West</u> Line of Section <u>17</u> Township <u>23N</u> Range <u>3W</u> , NMPM, <u>Rio Arriba</u> 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"/> <u>Permian Corporation</u> <u>Permian 9/1/85</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 checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/> <u>El Paso Natural Gas Co.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 990 Farmington, 87499</u>					
If well produces oil or liquids, give location of tanks.	Unit <u>C</u>	Sec. <u>17</u>	Twp. <u>23N</u>	Rge. <u>3W</u>	Is gas actually connected? <input type="checkbox"/>	When <u></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.

[Signature]
(Signature)
District Admin Supervisor
(Title)
7-17-85
(Date)

OIL CONSERVATION DIVISION

APPROVED [Signature] JUL 22 1985
BY [Signature]
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.