STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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DISTRIBUTION			
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FILE			
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LAND UFFICE		l	<u> </u>
TRANSPORTER	OIL	Ĭ	l
	GAS	l	L
DPERATCH			
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OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Revised 10-01-78 Format 05-01-83 Page 1

REQUEST FOR ALLOWABLE

ANTHORIZATION TO TRANSPO			
Operator			
Amoco Production Company			
Address			
2325 E. 30th Street, Farmington, NM 87401			
Reason(s) for living (Check proper box)	Other (Please explain)		
New Kell Change In Transporter of:			
Recompletion OII Dry	Order R-8544		
	densale		
f change of ownership give name and address of previous owner	•		
I. DESCRIPTION OF WELL AND LEASE	Kind of Lease Lease No.		
1. DESCRIPTION OF WELL AND LITTING Pool Name, Including For	mation		
Fred Phillips G 1 West Lindrith G	allup-Dakota Stote, Federal or Fee Federal NM 01140		
Location			
Unit Letter C : 1115 Feet From The North Line	and 1820 Feet From The West		
Unit Catter	·		
Line of Section 10 Township 25N Range 3V	N , ныры. Rio Arriba County		
Permian Corporation Page of Authorized Transporter of Coeinghead Coe or Dry Cox	Addies (Give address to which approved copy of this form is to be sent) P.O. Box 1702, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent) Caller Service 4490, Farmington, NM 87499		
El Paso Natural Gas Company	Is gas octually connected? When		
give location of tanks. C 10 25N 3W	Yes		
If this production is commingled with that from any other lease or pool,	give commingling order number: R-7651		
NOTE: Complete Parts IV and V on reverse side if necessary.			
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
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 Inowledge and belief.	BY		
(Signalwa)	TITLE This form is to be filled in compliance with RULE 1104. If this is a request for allowable for a newly drilled or despensed to the form must be accompanied by a tabulation of the deviation.		
Adm. Supervisor	tests taken on the well in accordance with NULE 111. All sections of this form must be filled out completely for allow-		
12-31-87 (Date)	able 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.		