

STATE OF NEW MEXICO  
ENERGY AND MINERALS DEPARTMENT

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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  
Page 1

DEC 20 1985

OIL CON. DIV.  
DIST. 3

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator <b>Amoco Production Co.</b>	
Address <b>501 Airport Drive, Farmington, N M 87401</b>	
Reason(s) for filling (Check appropriate boxes)	Other (Please explain)
<input type="checkbox"/> New Well <input type="checkbox"/> Recompletion <input type="checkbox"/> Change in Ownership	Change in Transporter of: <input type="checkbox"/> Oil <input checked="" type="checkbox"/> Gas <input type="checkbox"/> Dry Gas <input type="checkbox"/> Condensate

If change of ownership give name and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <b>Jicarilla Apache 148</b>	Well No. <b>40</b>	Pool Name, including Formation <b>W. Lindrith Gallup-Dakota</b>	Kind of Lease <b>State, Federal or Fee Federal</b>	Lease No. <b>09000148</b>
Location				
Unit Lower <b>A</b> = <b>930</b> Feet From The <b>North</b> Line and <b>730</b> Feet From The <b>East</b>				
Line of Section <b>13</b> Township <b>25N</b> Range <b>5W</b> . NMPM, <b>Rio Arriba</b> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>Permian</b>	
Name of Authorized Transporter of Gas <input checked="" type="checkbox"/> or Dry Gas <input type="checkbox"/>	Address (Give address to which approved copy of this form is to be sent)
<b>El Paso Natural Gas Company</b>	<b>P.O. Box 990, Farmington, NM 87499</b>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
Unit <b>A</b> Sec. <b>13</b> Twp. <b>25N</b> Rge. <b>5W</b>	<b>No</b>

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.

**BDS Shaw**

(Signature)

Adm. Supervisor

December 9, 1985

(Date)

OIL CONSERVATION DIVISION

DEC 20 1985

APPROVED \_\_\_\_\_

BY \_\_\_\_\_

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 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.