

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

JAN 09 1987

Dist. 3

I. Operator  
Amoco Production Co.

Address  
2325 E. 30 St., Farmington, NM 87401

Reason(s) for filing (Check proper box)  
☐ New Well  
☐ Recompletion  
☒ Change in Ownership

Change in Transporter of:  
☐ Oil  
☐ Gas  
☐ Condensate

Other (Please explain)

If change of ownership give name and address of previous owner  
Arco Oil and Gas Company, P. O. Box 5540, Denver, CO 80217

II. DESCRIPTION OF WELL AND LEASE

Lease Name Krause WN Federal	Well No. 1	Pool Name, including Formation Kutz Gallup	Kind of Lease State, Federal or Free Federal	Lease No. SF078863
Location Unit Letter M : 790 Feet From The South Line and 990 Feet From The West Line of Section 32 Township 28N Range 11W NMPM San Juan 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"/> Permian Corporation	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 Casingshead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Caller Service 4490, Farmington, NM 87499
If well produces oil or liquids, give location of tanks. Unit M Sec. 32 Twp. 28N Rge. 11W	Is gas actually connected? When Yes

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.

BSShaw

(Signature)

Adm. Supervisor

(Title)

1-7-87

(Date)

OIL CONSERVATION DIVISION

APPROVED [Signature] JAN 09 1987  
BY [Signature]  
TITLE [Signature]

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 multiple completed wells.

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ENERGY AND MINERALS DEPARTMENT

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P. O. BOX 2088  
SANTA FE, NEW MEXICO 87501

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REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

I. Operator  
Amoco Production Co.

Address  
2325 E. 30 St., Farmington, NM 87401

Reason(s) for filing (Check proper box)  
☐ New Well  
☐ Accomplishment  
☒ Change in Ownership

Change in Transporter of:  
☐ Oil  
☐ Casinghead Gas  
☐ Dry Gas  
☐ Condensate

Other (Please explain)

If change of ownership give name and address of previous owner  
Arco Oil and Gas Company, P.O. Box 5540, Denver, CO 80217

II. DESCRIPTION OF WELL AND LEASE

Lease Name Krause WN Federal	Well No. 1	Pool Name, including Formation Basin Dakota	Kind of Lease State, Federal or Fee Federal	Lease No. SF078863
Location Unit Letter <u>M</u> : <u>790</u> Feet From The <u>South</u> Line and <u>990</u> Feet From The <u>West</u> Line of Section <u>32</u> Township <u>28N</u> Range <u>11W</u> , NMPM, <u>San Juan</u> 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"/> Permian Corporation	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 <input type="checkbox"/> or Dry Gas <input type="checkbox"/> El Paso Natural Gas Company	Address (Give address to which approved copy of this form is to be sent) Caller Service 4490, Farmington, NM 87499					
If well produces oil or liquids, give location of tanks.	Unit M	Sec. 32	Twp. 28N	Range 11W	Is gas actually connected? Yes	When

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.

BS Shaw

(Signature)

Adm. Supervisor

(Title)

12-18-86

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

TITLE

SUPERVISOR DISTRICT 1337

This form is to be filed in compliance with RULE 1104.

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