## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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Adm. Supervisor

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## OIL CONSERVATION DIVISION

P. O. BOX 2088

SANTA FE. NEW MEXICO 87501

REQUEST FOR ALLOWABLE

Form C-104 Revised 10-01-78 Format 06-01-83

PRODUCTION TO TRANSP	PORT DIL AND NATURAL GAS
1.	Exercise Services
Operator	
Amoco Production Co.	
Address 27.01	
2325 E. 30 St., Farmington, NM 87401	Other (Please explain)
Reoson(s) for filing (Check proper box)	Single (1) states and a second
New Well Change in Transporter of:	y Gos
Recompletion Co.	andens 01e
Change in Ownership Casinghead Gas Co	
If change of ownership give name Arco Oil and Gas Compan	y, P. O. Box 5540, Denver, CO 80217
and address of previous owner	4
TO THE TAXABLE PARTY OF THE PAR	
II. DESCRIPTION OF WELL AND LEASE   Well No.   Pool Name, including Fe	primation Kind of Lease No.
1 Kutz Gallup	
Krause WN Federal	•
M 700 South ten	ond 990 Feet From The West
Unit Letter M : /90 Feet From The South Line	County
Line of Section 32 Township 28N Range 1	IW , NMPM. San Juan County
Line of Section 32 Township 2019	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of CII or Condensate	
Permian Corporation	P. O. Box 1702 Farmington, NM 87499  Address (Give address to which approved copy of this form is to be sent)
Hame of Authorized Transporter of Casinghead Cas or Dry Gas	
El Paso Natural Gas Company	Caller Service 4490, Farmington, NM 87499
It well produces oil or liquids. Unit Sec. Twp. Rge.	Yes
cive location of tanks.	······································
If this production is commingled with that from any other lease or pool,	give commingling order numbers
NOTE: Complete Parts IV and V on reverse side if necessary.	
NOTE: Complete Paris IV and V on reverse sine if	OIL CONSERVATION DIVISION
VI. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION
	APPROVED STAND TORT
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	S 1007
my knowledge and belief.	BY
	U SUPERVIA E DE SE SE SE
$O \setminus C \setminus$	TITLE
	This form is to be filed in compliance with RULE 1104.
· * · / / / / / / / /	If we act to a request for silowable for a newly clinical of deepering

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 weils.

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.

## STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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	GAL	<u> </u>	<u></u>
OPERATEM		<u> </u>	!
PROBATION OFFICE			

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

Revised 10-01-78 Format 06-01-83 Page 1

Form C-104

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

T .			
Operator			
Amoco Production Co.			
Address			
2325 E. 30 St., Farmington, NM 87401			
Reason(s) for filing (Check proper box)	Other (Please explain)		
New Well Change in Transporter of:	-		
Hecompletion OII Dry	y Gas		
X Change in Ownership Casinghead Gas Co	ndens 010		
	D.O. D.: 55/O. Donwor CO. 20217		
If change of ownership give name Arco Oil and Gas Compa	any, P.O. Box 5540, Denver, CO 80217		
and sources of previous	•		
II. DESCRIPTION OF WELL AND LEASE	Kind of Lease Lease No.		
Legae Nome	T 1 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0		
Krause WN Federal 1 Basin Dakota	1 Edelal Jordoods		
Location	Nost		
Unit Letter M : 790 Feet From The South Line	e and 990 Feet From The West		
	0 7		
Line of Section 32 Township 28N Range	LIW , NMPM, San Juan County		
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL	Addition (Give address to which approved copy of this form is to be sent)		
Name of Authorized Transporter of Cil or Condensate	P. O. Box 1702, Farmington, NM 87499		
Permian Corporation	Address (Give address to which approved copy of this form's to be sent)		
Name of Authorized Transporter of Casimoned Cas			
El Paso Natural Gas Company	la gas octually connected? When		
If well produces oil or liquids.  Unit Sec. Twp. Rgs.  M 132 28N 11W	Yes		
cive location of tanks.			
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.			
NOTE. Complete Paris IV and	OIL CONSERVATION DIVISION		
VI. CERTIFICATE OF COMPLIANCE	MICCONSERVATION DIVISION A1007		
	APPROVED		
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.	BY		
	SUPERVISOR DISTRICT EN		
$\bigcap$ $\bigcap$ $\bigcap$	TITLE		
$\langle \langle \rangle \rangle \rangle \langle \langle \rangle \rangle \langle \rangle \langle \rangle \langle \rangle \langle \rangle \langle \rangle \langle$	This form is to be filed in compliance with RULE 1104.		
J 5 / 3000	If this is a request for allowable for a newly drilled or deeponson well, this form must be accompanied by a tabulation of the deviation.		
(Signature)	tests taken on the well in accordance with MULE iii.		
Adm. Supervisor	All sections of this form must be filled out completely for allow-		
(Title)	able on new and recompleted wells.		
12-18-86	Fill out only Sections I. II. III, and VI for changes of owner, well name or number, or transportation other such change of condition.		
(Date)	Separate Forms C-104 must be filed for each pool in multiply		
•	completed wells.		