STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

OISTRIBUT	0#	1-	7
SAMFA PE		_	1-
FILE			+-
U.S.G.4.		1-	
LANG OFFICE		-	
TRAMEPORTER	014	1	\vdash
	GAS		_
OPERATOR		_	_
PROBATION OFFICE			

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 CAS

I. AUTHORIZATION TO TRAN	SPORT OIL AND NATURAL GAS		
Amoco Production Company			
Address 501 Administration Dates			
501 Airport Drive Farmington, NM 87401 Reason(s) for liling (Check proper box)	n EGBAVA		
New Well Change in Transporter of:	Other (Please explain)		
Recompletion OII	Dry Gas 1/1/2 2 333		
Change in Ownership Casinghead Gas C	Condensate		
If change of ownership give name and address of previous owner			
II. DESCRIPTION OF WELL AND LEASE			
Lages Name Well No. Pool Name, including	age Vo		
Charz Gas Com C / R Basin Dakota	State, Federal or Fee Fee		
Unit Letter J: 1590 Feet From The South Line and 1590 Feet From The Cast			
Adage 100 , NMPM, San Juan County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS			
Address (Give address to which approved copy of this form is to be south			
Name of Authorized Transparter of Casinghedd Cas of Dry Cas M	gs Ory Gus M Address (Consultant		
El Paso Natural Gas Company	P. O. Box 990 Farmington, NM 87401		
If well produces oil or liquids, Unit Sec. Twp. Rqs. qive location of tanks. Unit Sec. Twp. Rqs.	is gas actually connected? 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.			
III. CEPPETTO LET DE DE LE			
VI. CERTIFICATE OF COMPILANCE 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 knowledge and benefit.			
TITLE DEPUTY GIL & GAS INSPECTOR, DIST. #3			
- DD Staw	This form is to be filled in compliance with RULE 1104.		
(Signature) Admin. Supervisor	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.		
(Tula) 1-2-85	All sections of this form must be filled out completely for allowable on new and recompleted wells.		
(Date)	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.		