STATE OF NEW MEXICO ENERGY MO MINERALS DEPARTMENT

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LAHO OFFICE		Ι	T	
TRANSPORTER	air.	1	Ī	
	GAS		1	
OPERATOR				7
PROBATION OF	'4C K	1	1	_

OIL CONSERVATION DIVISION P. O. BOX 2088

SANTA FE, NEW MEXICO 87501

Form C-104				
Revised 10-01-79				
Format 06-01-83				
3				

OPERATOR	KEQUEST F	OR ALLOWABLE		
PROBATION OFFICE	ALITHORITATION TO TO	AND		
1.	AUTHORIZATION TO TRAN	SPORT OIL AND NATI	URAL GAS	
Operator				
Amoco Production Compan	<u>v</u>			
Address		· · · · · · · · · · · · · · · · · · ·		
501 Airport Drive Farm	ington, NM 87401			
Reason(s) for filing (Check proper box)		Ciher (Pleas	e explain,	
New West	Change in Transporter of:			-
Recemptetion		Dry Gas		
Change in Ownership	Casingheat Gas	Condensate		
If change of ownership give name and address of previous owner				
II. DESCRIPTION OF WELL AND I	EASE			•
Leges Name	Well No. Pool Name, Including	Formation	Kind of Lease	Legse No.
State Gas Com BP	/E Basin Dakota		State, Federal or Fee	
Unit Letter;	Feel From The South L	ne and <u>1810</u>	Feet From The East	
Line of Section 32 Townsh	ip 29N Range	9W , NMPM	. San Juan	County
III. DESIGNATION OF TRANSPOR	TER OF OIL AND NATURA	L GAS		
Name at Authorized Transporter of Cil	or Condensate	Asaress (Give address	to which approved copy of this form is i	a se senej
	f. 9 / 1 /87)	•	2 Farmington, NM 87499	
Name of Authorized Transporter of Casingh El Paso Natural Gas Comp	any	P. O. Box 990	Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	1 32 29N 9W	Is gas actually connect.	ed? When	
I this production is commingled with th	at 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	Ξ	ا ا ا	ONSERVATION DĮVĮSĮON .	
hereby certify that the rules and regulations of		APPROVED	1 JAN	1233 19————
been compiled with and that the information given knowledge and belief.	en is true and complete to the best of	94	I I WID	
,	1		Thousand I want	
$O \setminus C \setminus$,	TITLE	LPULY UES DAS METECTOR, DIS	1. #3
$\langle SJ \rangle \langle SJ \rangle$	aul	This form is to	be filed in compliance with succ	
		If this is a requ	est for allowable for a newly delit-	d 30 daa===
(Signature) Admin. Superviso	r	tests taken on the w	de accompanied by a tabulation of vell in accordance with AULY 111	the deviation
(Tule) 1-2-85		agie on new and rec		
	ECEINE (II)	werr name of number,	ections I, II, III, and VI for change or transporter, or other such change C-104 must be flied for each post	of condition.