

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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

Form C-104
Revised 10-01-78
Format 06-01-83
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SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	
OPERATOR	
PRODUCTION OFFICE	

REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
SEP 21 1984
OIL CON. DIV.
DIST. 3

Operator Amoco Production Company		SEP 21 1984
Address 501 Airport Drive Farmington, NM 87401		
Reason(s) for filing (Check proper box)		Other (Please explain)
☐ New Well	Change in Transporter of:	Pool Name Change
☐ Recompletion	☐ Oil	☐ Dry Gas
☐ Change in Ownership	☐ Casinghead Gas	☐ Condensate

(Change of ownership give name and address of previous owner)

II. DESCRIPTION OF WELL AND LEASE

Lease Name Cahn Gas Com	Well No. 2	Pool Name, including Formation Fruitland Basal Coal	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter <u>E</u> : <u>1510</u> Feet From The <u>North</u> Line and <u>800</u> Feet From The <u>West</u>				
Line of Section <u>33</u> Township <u>32N</u> Range <u>10W</u> , NMPM, <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☐ or Condensate ☐	Address (Give address to which approved copy of this form is to be sent)
Name of Authorized Transporter of Casinghead Gas ☐ or Dry Gas ☐	Address (Give address to which approved copy of this form is to be sent)
Well produces oil or liquids, ☐ Unit <u>See</u> Top <u>See</u> Reg. <u>See</u>	Is gas actually connected? ☐ When <u>See</u>

If this production is commingled with that from any other lease or pool, give commingling order number: _____

DIE: Complete Parts IV and V on reverse side if necessary.

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)
Admin. Supervisor
(Title)
9-19-1984
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 21 1984
BY Frank J. Shaw
TITLE SUPERVISOR DISTRICT #3

This form is to be filed in compliance with RULE 1102.
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.