

NO. OF TOWNSHIP DEEDS	
DISTRIBUTION	
SANTA FE	
FILE	
U.S.A.	
LAND OFFICE	
TRANSPORTER	OIL
OPERATOR	GAS
PRODUCTION OFFICE	

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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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

Operator Amoco Production Company	
Address 501 Airport Drive Farmington, NM 87401	
Reason(s) for filing (Check proper box)	Other (Please explain)
☐ New Well ☐ Recompletion ☐ Change in Ownership	Change in Transporter of: ☐ Oil ☐ Dry Gas ☐ Casingshead Gas ☐ Condensate
Pool Name Change. OIL CON. DIV. DIST. 3	

Change of ownership give name
and address of previous owner

DESCRIPTION OF WELL AND LEASE

Well Name Schneider Gas Com Fr.B	Well No. 1	Pool Name, including Formation Fruitland Basal Coal	Kind of Lease State, Federal or Fee	Lease No. Fee
Location Unit Letter M : 1110 Feet From The South Line and 1185 Feet From The West				
Line of Section 28 Township 32N Range 10W NMPM, San Juan County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

☐ Oil ☐ or Condensate	Address (Give address to which approved copy of this form is to be sent)
☐ Casingshead Gas ☐ or Dry Gas	Address (Give address to which approved copy of this form is to be sent)
None - Observation well Well produces all of liquids, no location of tanks.	Is gas actually connected? When.

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

IE. 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.

BD Shaw
(Signature)
Admin. Supervisor
(Title)
9-19-1984
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 21 1984
BY [Signature]
TITLE SUPERVISOR DISTRICT 3

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 filled for each pool in multiply completed wells.

