

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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OPERATION	
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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 GAS

I. Operator
AMOCO PRODUCTION COMPANY

Address
P. O. Box 606, Clayton, NM 88415

Reason(s) for filing (Check proper box)

☒ New Well	Change in Transporter of:	Other (Please explain)
☐ Recompletion	☐ Oil	☐ Dry Gas
☐ Change in Ownership	☐ Casinghead Gas	☐ Condensate

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Number <u>BDCDGU Well 1834</u>	Well No. <u>111G</u>	Pool Name, including Formation <u>Und. Tubb</u>	Kind of Lease State, Federal or Fee	Lease No.
Location Unit Letter <u>G</u> : <u>1650</u> Feet From The <u>North</u> Line and <u>1650</u> Feet From The <u>East</u>				
Line of Section <u>11</u> Township <u>18N</u> Range <u>34E</u> , NMPLM, <u>Union</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)
<u>AMOCO PRODUCTION COMPANY</u>	<u>P. O. Box 606, Clayton, NM 88415</u>
If well produces oil or liquids, give location of tanks.	Is gas actually connected? When
	Yes 1-26-85

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.

VI. 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.

John S. McElroy
(Signature)
Assistant Administrative Analyst
(Title)
3-13-85
(Date)

OIL CONSERVATION DIVISION

APPROVED 3-22, 19 85

BY [Signature]

TITLE DISTRICT SUPERVISOR

This form is to be filled 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 route 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.

