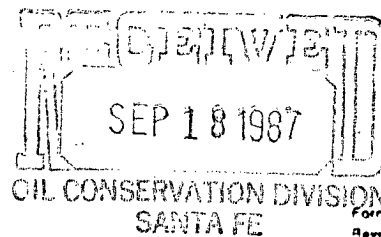


STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT



Form C-104
Revised 10-01-75
Format 06-01-83
Page 1

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

NO. OF COPIES DESIRED	
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SANTA FE	
FILE	
U.S.G.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PROMOTION OFFICE	

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)

☐ New Well	Change in Transporter of:	
☐ Recompletion	☐ Oil	☐ Dry Gas
☐ Change in Ownership	☐ casinghead Gas	☒ Condensate

Other (Please explain):

RECEIVED
JAN 25 1985
OIL CON. DIV.
DIST. 3

If change of ownership give name
and address of previous owner

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Navajo Alotted Gas Com A</u>	Well No. <u>1A</u>	Pool Name, Including Formation <u>Blanco Mesaverde</u>	Kind of Lease State, Federal or Free <u>Federal</u>	Lease No. <u>14-20-603-780</u>
Location Unit Letter <u>J</u> : <u>1925</u> Feet From The <u>South</u> Line and <u>1700</u> Feet From The <u>East</u>				
Line of Section <u>25</u> Township <u>28 N</u> Range <u>9 W</u> , NMPL: <u>San Juan</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil ☒ <u>Permian (EN 971787)</u>	Address (Give address to which approved copy of this form is to be sent) <u>P. O. Box 1702 Farmington, NM 87499</u>
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>P. O. Box 990 Farmington, NM 87401</u>
If well produces oil or liquids, give location of tanks.	Unit Sec. Twp. Rge. Is gas actually connected? When
	<u>J 25 28N 9W</u>

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.

B.D. Shaw

(Signature)
Admin. Supervisor

(Title)
1-2-85

(Date)

OIL CONSERVATION DIVISION

APPROVED

BY

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.