STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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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 10 5 Amoco Production Company 501 Airport Drive Farmington, NM 87401 Reason(s) for filing (Check proper box) Other (Please explain) Change in Transporter of: Pool Name Change · OII Dry Gas Change in Ownership Casinaheat Ger If change of ownership give name and address of previous owner II. DESCRIPTION OF WELL AND LEASE 35 B Well No. | Pool Name, Including Formation Kind of Lease Legse No. Jicarilla Gas Com 😘 West Lindrith-Gallup-Dakota State, Federal or Fee Federal Jicarilla Location Apache 35-B 1850 North Line and 990 East Line of Section]] Township 24N 5W Range Rio Arriba . NMPM County III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of OLL Address (Give address to which approved copy of this form is to be sent) Plateau. Inc.
Name of Authorized Transporter of Casinghead Gas P. O. Box 489 Bloomfield, NM 87413 Address (Give address to which approved copy of this form is to be sent) <u>Paso Natural Gas</u> P. O. Box 990 Farmington, NM 87401 Unit Rge. is gas actually connected? If well produces oil or liquids, give location of tanks. 24N 5W 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 OIL CONSERVATION DIVISION I hereby certify that the rules and regulations of the Oil Conservation Division have APPROVED been complied with and that the information given is true and complete to the best of my knowledge and belief. SY SUPERVISOR DISTRICTOR 3 TITLE This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepened (Signature well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with RULE 111. <u>Admin. Supervisor</u> All sections of this form must be filled out completely for allowable on new and recompleted wells. (Tule) <u>9-18-19</u>84 Fill out only Sections I. II. III, and VI for changes of owner, (Date) 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.