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U.S.S.A.	
LAND OFFICE	
TRANSPORTER	OIL
	GAS
OPERATOR	
PRORATION OFFICE	

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

REQUEST FOR ALLOWABLE  
AND  
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED  
SEP 20 1984

**I. Operator**  
Amoco Production Company

**Address**  
Airport Drive Farmington, NM 87401

**Reason(s) for filing (Check proper box)**

<input type="checkbox"/> New Well	<b>Change in Transporter of:</b>	<input type="checkbox"/> Oil	<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Recompletion	<input type="checkbox"/> casinghead Gas	<input type="checkbox"/> Condensate	
<input type="checkbox"/> Change in Ownership			

**Other (Please explain)**  
Pool Name Change.

OIL CON. DIV.  
DIST. 3

If change of ownership give name and address of previous owner \_\_\_\_\_

**II. DESCRIPTION OF WELL AND LEASE**

<b>Lease Name</b> Jicarilla Gas Com 35-C	<b>Well No.</b> 1	<b>Pool Name, including Formation</b> West Lindrith-Gallup-Dakota	<b>Kind of Lease</b> State, Federal or Fee Federal	<b>Lease No.</b> Jicarilla Apache 35-C
<b>Location</b>				
Unit Letter <u>M</u> : <u>1100</u> Feet From The <u>South</u> Line and <u>1070</u> Feet From The <u>West</u>				
Line of Section <u>2</u> Township <u>24N</u> Range <u>5W</u> , NMPM, Rio Arriba County				

**III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS**

<b>Name of Authorized Transporter of Oil</b> Plateau, Inc.	<b>Address (Give address to which approved copy of this form is to be sent)</b> P. O. Box 489 Bloomfield, NM 87413
<b>Name of Authorized Transporter of Casinghead Gas</b> El Paso Natural Gas	<b>Address (Give address to which approved copy of this form is to be sent)</b> P. O. Box 990 Farmington, NM 87401
<b>If well produces oil or liquids, give location of tanks.</b>	<b>Is gas actually connected? When</b>
Unit <u>M</u> Sec. <u>2</u> Twp. <u>24N</u> Rge. <u>5W</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.

BDS Law  
(Signature)

Admin. Supervisor  
(Title)

9-18-1984  
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 20 1984, 19 \_\_\_\_\_

BY [Signature]  
SUPERVISOR DISTRICT # 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 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.