## STATE OF NEW MEXICO ENERGY NO MINERALS DEPARTMENT

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GIST FIGUTION		1	T	
SAMPA FE				
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LANG OFFICE				
TRANSPORTER	DIL	1		
	GAS			
OPERATOR		i		
FROMATION OFFICE				

## 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

GAS		REQUEST F	OR ALLOWABLE			
OPERATOR FRONATION OFFICE			AND			
1	AUTHORIZ	ATION TO TRAN	ISPORT OIL AND NATU	JRAL GAS		
Operetor		<del></del>				
Amoco Production Comp	anv					
Address	<del></del>				·	
501 Airport Drive Fa	rmington, N	M 87401				
Ressan(s) for filing (Check proper box			Ciher (Pleas	e ernigia i		
New Well	Change in T	e in Transporter of:				
Recompletion			Dry Gas			
Change in Ownership	Casingh	ead Gas	Condensate			
If change of ownership give name						
and address of previous owner	***************************************	<del></del>				
II. DESCRIPTION OF WELL AN	DIFASP					
Lease Name	i Well No. Po	ool Name, including	Formation	Kind of Lease	Leday No.	
Jicarilla Gas Con 35	c 1 -	B <b>asi</b> n Dakota	-WL -Gallup	State, Federal or Fee Fedura	1 Jic Apa	
Location	<del></del>	<u>`</u>		, , , , , ,	35°C	
M . 110	20 55	-South.	1000	_ Feet From The West		
Unit Letter : : / C	CO PERCENTING	<u> </u>	Ine and	Feet From The WEST	<del></del>	
Line of Section 2 Tow	mahin 24 N	Agnae -	5(4) NUBL	. Rio Arriba		
			, , , , ,	~18 TITTE	Caunty	
III. DESIGNATION OF TRANSP	ORTER OF OIL	AND NATTIRA	u GAS			
Name of Authorized Transporter of Cit	St. Cand	ensare 🗀	Agaress (Give address	to which approved copy of this form	is to be sent)	
Permian Corp.	<b>7 5</b> € \$ 6 1 1 1 1 1 1 1			2 Farmington, NM 874		
Name of Authorized Transporter of Cas	inghead Gas	or Cry Gas	Address (Give address	to watch approved copy of this form	is to be sent;	
El Paso Natural Gas Co	mpany		P. O. Box 990	Farmington, NM 874	401	
if well produces oil or liquids,	Unit Sec.	Twp. Rqe.	is gas actually connect	ed? When		
give location of tanks.	M : 2	24N 5W		t		
If this production is commingled with	that from env o	ther lease or anni	Tive Commission and			
•			, give committelling order	number:		
NOTE: Complete Parts IV and V	on reverse side	if necessary.				
VI. CERTIFICATE OF COMPLIAN	ICE.			THE TON THE MAN	3 1985	
VI. CERTIFICATE OF COMPILAL	(CE		ا الله الله الله الله الله الله الله ال	DNSERVATION DIYAM	0 1000	
I hereby terrify that the rules and regulatio	ns of the Oil Conser	rvation Division have	APPROVED		)	
been compiled with and that the information	t given is true and co	implete to the best of			† · • • /	
my knowledge and belief.			87	Drunger.	<u> </u>	
			TITLE	SUPERVISOR DIS	TRI <b>CT # 3</b>	
$O \times C /$					<u> </u>	
15/1). Sha	. )		This form is to	be filed in compliance with Au	LE 1104.	
Signati			If this is a requ	est for allowable for a newly dr	dlied or deanened	
Admin. Supervi			tests taken on the w	be accompanied by a tabulation with autig	n of the deviation	
(Title				this form must be fulled out com		
· · · · · · · · · · · · · · · · · · ·	•		محماست بحجم مم ماطمان		,	

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.