STATE OF NEW MEXICO ENERGY AND MINERALS DEPARTMENT

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LAND UPPICE			
TRANSPORTER	OIL	<u>i_</u>	I
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OIL CONSERVATION DIVISION P. O. BOX 2088 SANTA FE, NEW MEXICO 87501

Form C-104 Flavised 10-01-78 Format 05-01-83 Page 1

REQUEST FOR ALLOWABLE AND

AUTHORIZATION TO TRANSPORT OIL AND HATURAL GAS

JAN 05 1988

Separate Forms C-104 must be filed for each pool in multiply completed walls.

Operator			
Amoco Production Company			
Address			
2325 E. 30th Street, Farmington, NM 87401			
Reason(s) for liling (Check proper bas)	Other (Please explain)		
New Yell Change In Transporter of:	Change Pool Name per Commission		
Recompletion OII Dr	yco. Order R-8544		
Change In Ownership Casinghed Cos Co	ondens at a		
change of ownership give name address of previous owner			
I. DESCRIPTION OF WELL AND LEASE	·		
Lease Name Well No. Pool Name, Including Fo	ormation Kind of Lease No.		
Fred Phillips F 1 West Lindrith G	Gallup-Dakota Signe, Federal or Fee Federal NM 01141		
ocation			
Unit Letter K : 1800 Feet From The South Line	e andFeat From TheWest		
Line of Section 10 Township 25N Hange	3W , NAPM, Rio Arriba County		
Permian Corporation Home of Authorized Transporter of Cosinghed Cos Condensate El Paso Natural Gas Company	P.O. Box 1702, Farmington, NM 87499 Address (Give address to which approved copy of this form is to be sent) Caller Service 4490, Farmington, NM 87499		
If well produces oil or liquids, Unit Sec. Twp. Rgs.	Yes Yes #hen 7-22-85		
I this production is commingled with that from any other lease or pool,	give commingling order number: R-7651		
NOTE: Complete Parts IV and V on reverse side if necessary.			
7. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION		
hereby certify that the rules and regulations of the Oil Conservation Division have een complied with and that the information given is true and complete to the best of my knowledge and belief.	APPROVED		
	TITLE SUPERIOR OF A 1		
120 haw	This form is to be filed in compliance with RULE 1104. If this is a request for allowable for a newly drilled or deepen		
(Signalwa) Adm. Supervisor	well, this form must be accompanied by a tabulation of the deviati tests taken on the well in accordance with AULE 111. All sections of this form must be filled out completely for allo		
(Ful.) 12-31-87	able on new and recompleted wells. Fill out only Sections I. II. and VI for changes of owns		
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