

NO. OF TOPICS RECEIVED			
DISTRIBUTION			
SANTA FE			
FILE			
U.S.G.A.			
LAND OFFICE			
TRANSPORTER	OIL		
	GAS		
OPERATOR			
PRODUCTION OFFICE			

P. O. BOX 2088

Form C-104
Revised 10-01-78
Format 06-01-83
Page 1

1. <u>Operator</u>		AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS	
<u>Amoco Production Company</u>			
<u>Address</u>			
<u>501 Airport Drive Farmington, NM 87401</u>			
Reason(s) for filing (Check proper box)		Other (Please explain)	
<input type="checkbox"/> New Well	Change in Transporter of:		
<input type="checkbox"/> Recompletion	<input type="checkbox"/> Oil		<input type="checkbox"/> Dry Gas
<input type="checkbox"/> Change in Ownership	<input type="checkbox"/> casinghead Gas		<input checked="" type="checkbox"/> Condensate

II. DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jicarilla Contract 155</u>	Well No. <u>16</u>	Pool Name, including Formation <u>Basin Dakota</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>Jic Cont 155</u>
Location Unit Letter <u>E</u> : <u>1850</u> Feet From The <u>North</u> Line and <u>790</u> Feet From The <u>West</u>				
Line of Section <u>30</u> Township <u>26N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County				

III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Permian Corp. Permian (E 30 26N 5W)					P. O. Box 1702 Farmington, NM 87499	
Name of Authorized Transporter of Casinghead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/>					Address (Give address to which approved copy of this form is to be sent)	
Northwest Pipeline Corporation					P. O. Box 90 Farmington, NM 87401	
If well produces oil or liquids, give location of tanks.	Unit	Sec.	Twp.	Rge.	Is gas actually connected?	When
	E	30	26N	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

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.

BDSHaw

(Signature)

Admin. Supervisor

1-2-85

104

JAN 03 1985
OIL CON. DIV.
DIST. 3

OIL CONSERVATION DIVISION 3 1985

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 allocation 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.