STATE OF NEW MEXICO ENERGY NO MINERALS DEPARTMENT

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DISTRIBUTION			T
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U.1.G.4.			
LANG OFFICE			
TRANSPORTER	OIL	Ī	
	BAD		
OPERATOR			
PROBATION OFFICE			

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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 CAS

I.	SFOR FUIL AND NATURAL GAS			
Operator				
Amoco Production Company				
Address				
501 Airport Drive Farmington, NM 87401 Reason(s) for liling (Check proper box)	DECENTED			
	Other (Please explain)			
New Well Change in Transporter of:				
	JAN 03 1085			
Change is Ownership Casinghood Gas	Condensate			
If change of ownership give name				
end eddress of previous owner				
II. DESCRIPTION OF WELL AND LEASE				
Lease Name Well No. Pool Name, Including F	ormation Kind of Lease Lease No.			
Jicarilla Apach 102 10€ Basin Dakota	State Federal or See			
Cocation				
Unit Letter K: 1700 Feet From The South Line and 1530 Feet From The West				
Line of Section 4 Township 26N Range	4 W . NMPW. Rio Arriba County			
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS Name of Authorized Transporter of Oil				
the second secon				
Name of Authorized Transporter of Castnahead Gas or Dry Gas	P. O. Box 1702 Farmington, NM 87499			
Northwest Pipeline Corporation	P. O. Box 90 Farmington, NM 87401			
1100	Is gas actually connected? When			
give location of tanks.	, when			
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 PRAGIONS 4005			
1985				
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.	\\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
	BY Some. Jave			
ONC	TITLE SUPERVISOR DISTRICT TO			
/	This form is to be filed in compliance with RULE 1104.			
- DOTON	If this is a request for allowable for a newly delited as done			
Admin. Supervisor	Well, Inte form must be accompanied by a tabulation of the devices			
(Title)	tests taken on the well in accordance with RULE 111. All sections of this form must be filled out completely for allow-			
1-2-85	able on new and recompleted wells.			
(Date)	Fill out only Sections ! IT ITT and UT to change of			
	well name or number, or transporter, or other such change of condition.			
	Separate Forms C-104 must be filed for each pool in multiply			