

STATE OF NEW MEXICO
ENERGY AND MINERALS DEPARTMENT

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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
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REQUEST FOR ALLOWABLE
AND
AUTHORIZATION TO TRANSPORT OIL AND NATURAL GAS

RECEIVED
SEP 21 1984

Operator Amoco Production Company

Address 501 Airport Drive, Farmington, NM 87401

Reason(s) for filing (Check proper box)

<input type="checkbox"/> New Well	Change in Transporter of: <input type="checkbox"/> Oil <input type="checkbox"/> Dry Gas <input type="checkbox"/> Casingshead Gas <input type="checkbox"/> Condensate	Other (Please explain) Pool Name Change
<input type="checkbox"/> Resumption		
<input type="checkbox"/> Change in Ownership		

Change of ownership give name and address of previous owner _____

DESCRIPTION OF WELL AND LEASE

Lease Name <u>Jicarilla Contract 155</u>	Well No. <u>25</u>	Pool Name, including Formation <u>Blanco Mesaverde</u>	Kind of Lease State, Federal or Fee <u>Federal</u>	Lease No. <u>Jicarilla</u>
Location Unit Letter <u>0</u> : <u>1080</u> Feet From The <u>South</u> Line and <u>1570</u> Feet From The <u>East</u> Line of Section <u>30</u> Township <u>26N</u> Range <u>5W</u> , NMPM, <u>Rio Arriba</u> County				

DESIGNATION OF TRANSPORTER OF OIL AND NATURAL GAS

Name of Authorized Transporter of Oil <input type="checkbox"/> or Condensate <input checked="" type="checkbox"/> <u>Plateau, Inc.</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 489, Bloomfield, NM 87413</u>
Name of Authorized Transporter of Casingshead Gas <input type="checkbox"/> or Dry Gas <input checked="" type="checkbox"/> <u>El Paso Natural Gas</u>	Address (Give address to which approved copy of this form is to be sent) <u>P.O. Box 990, Farmington, NM 87401</u>
Well produces oil or liquids, <input type="checkbox"/> or gas <input checked="" type="checkbox"/> Location of tanks: Unit <u>0</u> Sec. <u>30</u> Twp. <u>26N</u> Rge. <u>5W</u>	Is gas actually connected? <input type="checkbox"/> When _____

If its 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.

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.

B D Shaw
(Signature)
Administrative Supervisor
(Title)
9/19/84
(Date)

OIL CONSERVATION DIVISION

APPROVED SEP 21 1984 19
BY [Signature]
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 allowables 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.