STATE OF NEW MEXICO ENERGY NO MINERALS DEPARTMENT

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LAMB OFFICE	1	
TRAMEPORTER OIL		
GAS	1	
GPERATOR	1	
PROMATION OFFICE	i	

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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

PROMATION OFFICE	AND	
	NSPORT OIL AND NATURAL GAS	
Operator		
Amoco Production Company	er City, and the city of the c	
501 4: 1 5 5		
501 Airport Drive Farmington, NM 87401 Ressan(s) for filing (Check proper box)		
New Well Change in Transporter of:	Other (Please explain)	
Recompletion OII		
Change is Ownership Casinghood Gas	Ory Cas Candenzare	
	Condensar.	
If change of ownership give name and address of previous owner		
II. DESCRIPTION OF WELL AND LEASE		
Lease Name Well No. Pool Name, Including		
Jicarilla Apache "A" 118 6 Tapicito-	Pictured Cliffs State, Federal or Fee Federal 0900011	
Unit Letter N: 840 Feet From The South L	ine and 1800 Feet From The West	
1		
Line of Section 35 Township 26 N Range	3 W . NMPM. Rio Arriba County	
III. DESIGNATION OF TRANSPORTER OF OIL AND NATURA		
Name of Authorized Transporter of CII or Candenage	L GAS	
Permian Corp.	P. O. Box 1702 Farmington, NM 87499	
Name of Authorized Transporter of Castinghedd Gas or Dry Gas	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, Unit Sec. Twp. Rgs.	Is gas actually connected? When	
give location of lanks. N : 35 :26N 3W		
f this production is commingled with that from any other lease or pool,	Tive Commingling order author	
NOTE: Complete Parts IV and V on reverse side if necessary.	or a samming order number:	
-		
T. CERTIFICATE OF COMPLIANCE	OIL CONSERVATION DIVISION	
hereby certify that the rules and regulations of the Oil Conservation Division have	# K K 1	
een computed with and that the information given is true and complete to the herr of	APPROVED	
ly knowledge and belief.	BY_ Srank . Javat	
	O DISTRICT III 7	
RNI	TITLE TIPERVISOR DISTRICT # 35	
()/)) haw	This form is to be filled in compliance with ques 1104.	
(Signature)	If this is a request for allowable for a series	
Admin. Supervisor	well, this form must be accompanied by a tabulation of the deviation tests taken on the well in accordance with AUCE 111.	
(Title)	All sections of this form must be filled out completely to	
1-2-85	and the said tecompleted wells.	
(Date)	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 filled for each and in	
Įι	completed wells.	